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Steep Hill Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Steep Hill Dental Practice is a single handed private dental practice close to the centre of Lincoln. The practice is in a building that has been adapted for the purpose of dentistry and has a large reception area with a wheelchair friendly desk. There are two treatment rooms, a decontamination room, a disabled toilet, a staff room and an office. There is also a room at the back of the building with staff toilet and changing area. There are two rooms at the front of the practice that are not been used but may be used in the future as the practice grows. The practice opened in June 2015 and has a growing patient base. Access to the practice areas are all on the ground floor. There is a pay and display car park within walking distance. The building is accessed from the street and there are four steps up to the main entrance. For those patients with limited mobility or wheelchairs there is access at the side which takes patients up a ramped area to a back entrance with a bell to alert reception staff.

There is one dentist that currently works part time, one dental nurse and one receptionist who are both full time. There is also a dental hygienist who is the owner and registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice provides private dental treatment to adults and to children. The practice is open Monday to Friday from 8.30am to 5pm with the practice closing at 4pm Fridays. The practice also closes for lunch 1pm to 2pm daily. The practice also opens Saturday 8.30am to 12pm twice a month.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 11 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that it was calming and friendly. They said that they found the staff offered an efficient and professional service, were polite, helpful and caring. Patients said that explanations about their treatment were clear and that they were given time and all options were fully explained. Patients who were nervous commented how the staff were understanding and patient; they were made to feel at ease and that any questions were answered.

Our key findings were:

- There was a process in place for reporting and learning from incidents, accidents and near misses.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity and respect.Their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.
- The practice did not have an automated external defibrillator (AED)
- Audits had not taken place however the practice had not been open for a full year.
- Infection control audit had not taken place at the recommended intervals however the practice completed one on the day of inspection.
- The practice did not have a legionella risk assessment in place however this was completed the week after the inspection.

There were areas where the dentist could make improvements and should:

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Implement a plan for future audits and assessments at recommended intervals.
- Monitor equipment purchased to ensure that servicing and checks of equipment are completed in recommended timescales.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and incidents.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse. They were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had not carried out an infection control audit however we spoke with the provider and one was completed on the day which did not identify any issues.

The practice did not have access to an automated external defibrillator however there was one in the museum opposite the practice there was not a risk assessment in place and there was no agreement in place to say that this had been agreed with the museum.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Explanations were given to patients in a way they understood and risks, benefits and options available to them.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

Some staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The provider was aware of the assessment of Gillick competency in young patients and there was a policy in place for this. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients' feedback told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients of this practice been seen within 24 hours were necessary.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Summary of findings

The practice was well equipped. The waiting area in reception had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice was fully accessible for people that used a wheelchair or those patients with limited mobility via an entrance at the back of the practice which had a ramped pathway.

The practice had recently begun opening two Saturdays each month for patients to book appointments.

The practice had not surveyed the patients however there was a suggestion box and comments had been positive.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. There were plans for staff to receive an appraisal annually which was due to commence June 2016. We saw that practice meetings were regular and that these were minuted.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

Steep Hill Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 25 February 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the provider, dental nurse and receptionist and reviewed policies, procedures and other documents. We reviewed 11 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from incidents and accidents. There were forms available for staff to complete which included actions to prevent reoccurrence and learning.

There was an accident book where staff would record accidents such as needle stick injuries. There had been one accident reported which was were a patient had fell up the stairs to the practice outside. The incident had been investigated and appropriate steps had been taken. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the provider if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had not received any complaints. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff. The complaint process emphasised that complaints could be suggestions or comments and should all be treated accordingly.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information on the staff room notice board of a flow chart for any concerns in relation to safeguarding of children or adults however these did not include telephone numbers. This could be accessed from the policy in the folder. From records viewed we saw that staff at the practice had completed level two safeguarding training in safeguarding adults and children. The provider was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with where clear on different organisations they could raise concerns with for example, the General Dental Council or the Care Quality Commission if they were not able to go directly to the provider. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The provider explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

The practice had an up to date employer's liability insurance certificate which was due for renewal January 2017. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. However the practice did not have an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The nearest one was situated opposite at the museum. We spoke with the provider about this and they said that they would risk assess this situation and ensure that there were agreements in place with the museum. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates and equipment were monitored by the practice using a monthly check sheet. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support.

Staff recruitment

Are services safe?

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff members had a Disclosure and Baring Service (DBS) check in place. These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff which was documented within the staff files of staff that we reviewed.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies including a well-maintained Control of Substances Hazardous to Health (COSHH) file. The practice had not carried out risk assessments including fire safety, health and safety and legionella. We spoke to the provider in relation to this and all these were completed the week following the inspection.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and there were records that confirmed this. The fire equipment was checked by an external company and last checked in March 2015.

The practice had a system where policies and procedures were in place to manage risks at the practice. Policies were to be dated March 2015 and there was a signing sheet that staff had completed to say that they had read and understood them. Conversations we had with staff confirmed this was the case.

The practice had a disaster plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. Staff were responsible for the general cleaning of the practice and the dental nurse was responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures although this had not taken place until the day of the inspection.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment rooms and the decontamination room.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used safe-style needles used to reduce the risk of needlestick injury. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. We found good access to the decontamination room. The decontamination room had defined dirty and clean zones

Are services safe?

in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. As the equipment was not a year old they had not needed to be serviced as yet but we were told they would be maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Staff files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Equipment checks were been completed were relevant however some equipment was not due for checks in line with the manufacturer's recommendations. Portable appliance testing (PAT) had been carried out in February 2016. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were laminated in the rooms however they were not displayed in areas where X-rays were carried out. We spoke with the provider who rectified this by placing them on the walls of the treatment rooms were required.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. As the equipment was less than a year old there were no maintenance details but we were told that these would be in place at the recommended intervals.

We saw training records that showed the dental nurse had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke with the dental nurse and viewed dental care records that described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was reviewed and updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The reception area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of one part time dentist who was supported by one dental nurse and a hygienist. The practice was still building its patient base and at present there was no need to have a full time dentist. The Care Quality Commission comment cards that we viewed showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hour's staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures for appraising staff performance. Appraisals were planned to commence in June 2016. We observed a friendly atmosphere at the practice. They told us that the provider and dentist were supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way. The practice had recording system for referrals. Letters would be sent with urgent referrals faxed and followed up with telephone calls to ensure urgent referrals were received. The letters were attached to the patient record.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were

Are services effective?

(for example, treatment is effective)

presented with treatment options, and verbal consent was received and recorded. The provider was also aware of Gillick competency in young patients and a policy was in place in relation to this. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. The dentist had completed on line Mental Capacity Act 2005 (MCA) training and other staff that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The main reception/waiting area was open plan. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients, and for personal discussions a separate area could be used to maintain confidentiality.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 11 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and that they felt comfortable and at ease. They said that staff were friendly and that a professional service was provided. They also said that the reception staff were always caring and helpful. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing costs to private plans was displayed in the waiting area. The practice also had a website and social media page which gave patients full information and costs. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet and complaints procedure. The practice also had a suggestion box for patients to express their views.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours. Whilst the dentist only worked at this practice two days per week they were available to come in after hours if necessary for patients that were in pain. The practice had recently started to open two Saturdays mornings per month if patients wished to book appointments for then.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination, promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. A disability audit had taken place looking at the access to the practice and assessing if any improvements could be made.

The practice did not use a translation service however this had not been a problem with current patients and the dental nurse was Polish and therefore could translate for Polish people if necessary. The provider told us that they would look into translation service if the need arose. There was level access into the building via ramped access at the back of the building and this was signposted for disabled access at the front of the building.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. As the practice was building its patient base there were always appointments available and although the dentist only worked two days per week should there be an emergency situation were a patient was in pain the dentist would be contacted to work outside normal working hours so that patients would be seen within 24 hours where treatment was urgent.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice was open Monday to Friday from 8.30am to 5pm with the practice closed at 4pm Fridays. The practice also closed for lunch 1pm to 2pm daily. The practice also opened Saturday 8.30am to 12pm twice a month.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice procedure set out how it would listen, investigate, communicate and resolve complaints and that complaints could also come in the form of a suggestion. Learning from these would be discussed at practice meetings with an evaluation sheet detailing outcome, future changes and implementation of change. Information for patients about how to make a complaint was seen in the practice leaflet, poster and on the web site.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a signing sheet that all staff had completed to say that they had read and understood the policies and procedures. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the owner of the practice. They felt they were listened to and responded to when they did raise a concern. Staff told us they enjoyed their work and were well supported by the owner.

It was apparent through our discussions with the provider, dental nurse and receptionist that the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients. Staff told us there were practice meetings which were documented for those staff unable to attend.

Learning and improvement

Practice meetings were held and were minuted. We saw that discussions were held in relation to incidents and suggestions and feedback from patients and also changes in business such as increased opening hours and ways to try and attract new patients.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning.

We found that no clinical or non-clinical audits were taking place at the practice including infection control, clinical record keeping and X-ray quality. As the practice had not been open for over a year nor had they sufficient numbers of patients and for example referrals this was something that the provider told us would be implemented in the future. However infection control audits should have taken place at six monthly intervals and the practice had not completed one at the time of the inspection. When we spoke with the provider they completed one that day however, this was not the up to date version relating to current guidelines (HTM 01-05). This was brought to their attention and we were advised that the new version would be used from now on and at the appropriate intervals.

Practice seeks and acts on feedback from its patients, the public and staff

Staff told us that patients could give feedback at any time they visited. The practice invited feedback via a suggestion box.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.