Mr. Bruce Mutch

Village Dental Health Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 September 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

The Village Dental Health Centre is a dental practice providing private treatment for both adults and children. The practice is based in a converted commercial property in Gerrard's Cross, a town situated in south Buckinghamshire.

The practice has three dental treatment rooms. One of which is based on the ground floor and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The street level area of the practice is accessible to wheelchair users, prams and patients with limited mobility.

The practice's opening hours are between 12pm and 7pm on Monday and Thursday, 9am and 1pm on Tuesday, 9am and 5pm on Wednesday and 9am and 12pm on Friday.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. If patients called the practice when it is closed, an answerphone message gives the telephone number patients should ring depending on their symptoms.

The provider, Mr Bruce Mutch, shares the practice facilities with another dentist who is separately registered with Care Quality Commission (CQC). Facilities are shared and patients can register with either of the dentists. Three dental nurses are employed jointly by both dentists.

Summary of findings

Mr Bruce Mutch is registered as an individual and is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008

We obtained the views of two patients on the day of our inspection.

Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Leadership was provided by the practice owner.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Infection control procedures were robust and the practice generally followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting and shared learning when untoward incidents occurred in the practice.
- The dentist provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owner.
- Staff we spoke with felt well supported by the practice owner and was committed to providing a quality service to their patients.
- Information from eight completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Provide an annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections' and related guidance.
- Review the arrangements for auditing the quality of infection prevention control procedures in accordance with that suggested by the Infection Prevention Society.
- Consider the introduction of the weekly protein test for the ultrasonic cleaning bath.
- Consider the provision of a secure container for clinical waste in the basement prior to collection by the waste contractor.
- Consider securing the decontamination room.
- Set up a system for receiving national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Agency (MHRA).
- Review the availability of a hearing loop for patients who are hearing aid users.
- Arrange basic life support update training for all staff.
- Review the range of products used in the practice so that the control of substances hazardous to health file contains data sheets of all the products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations.
- Review the current range of policy documents that form part of the practice's clinical governance system to include a business continuity plan and consent policy.
- Consider formalising the appraisal process by the use of formal appraisal records detailing aims and objectives and learning outcomes.
- Consider introducing a staff recruitment policy and induction record to include fire safety and employee signature section.
- Review the staff training programme to include fire safety and radiography.

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?

No action

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

The practice had arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

We noted that the practice needed to review the provision of oral sedation in accordance with guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists.

After discussion, taking on board the Royal College of Surgeons "Standards for Conscious Sedation in the Provision of Dental Care" of 2015, the provider decided to discontinue the service of sedation in the practice.

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs.

Are services caring?

No action

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

We obtained the views of two patients on the day of our visit. 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 on friendliness and helpfulness of the staff and the dentist was good at explaining the treatment that was proposed.

Are services responsive to people's needs?

No action

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

Summary of findings

The service was aware of the needs of the local population and took these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required.

The practice had three ground floor treatment rooms and level access into the building to one treatment room for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

No action

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

Leadership was provided by the practice owner. Staff had an open approach to their work and shared a commitment to continually improving the service they provided.

There was a no blame culture in the practice. The practice had a clinical governance structure in place, although we did find that policies, systems and processes required strengthening. The suggested improvements are detailed in the summary section of the report.

We saw evidence of systems to identify staff learning needs which were underpinned by an informal appraisal system supplemented by the 'daily huddle' where all staff discussed the issues that could arise each day. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Staff told us that they felt well supported and could raise any concerns with the practice owner. All the staff we met said that they were happy in their work and the practice was a good place to work.

Village Dental Health Centre

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 6 September 2016. Our inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We obtained the views of three members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of two patients on the day of our inspection.

Patients gave positive feedback about their experience 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

A senior dental nurse was aware of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff.

Records showed that no such accidents occurred during 2015-16. The last incident occurred in 2013 and was managed in accordance with the practices accident reporting policy.

Reliable safety systems and processes (including safeguarding)

We spoke to a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used an automated needle removing device for the removal and disposal of used needles following the administration of a local anaesthetic. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

We asked how the dentist treated the use of instruments used during root canal treatment and were told that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that staff had received safeguarding training for both vulnerable adults and children. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), 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. Staff had received training previously in how to use this equipment.

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. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction 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.

The practice previously held training for the whole team so that they could maintain their competence in dealing with medical emergencies. We noted that the annual training was overdue; we pointed this out to the practice owner who assured us that update training would be arranged as soon as practically possible.

Staff recruitment

The dentist and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice did not have a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

The staff recruitment file examined confirmed the member of staff had been recruited in accordance with Schedule 3 of the Health and Social Care Act 2014.

Staff recruitment records were ordered and stored securely to protect the confidentiality of staff personal information.

Are services safe?

We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). 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.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies, although there were areas where the governance arrangements could be strengthened. This included more robust assessments for health and safety and fire safety. We have since been provided evidence to confirm this shortfall has been addressed.

The practice had in place a limited number of data sheets pertaining to Control of Substances Hazardous to Health (COSHH) within the practice. We suggested to the practice owner that they should review the range of products used in the practice so that the control of substances hazardous to health file contained data sheets of all the products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had an infection control policy which was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control was being met. It was observed that a system of checking the quality of infection control processes was carried out in February 2016.

We saw that the three dental treatment rooms, waiting area, reception and patient toilet were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in May 2016. The recommended procedures contained in the report were carried out and logged appropriately.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. A dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a combination of an ultra-sonic cleaning bath and manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. The recommended foil tests utilised as part of

the validation of the ultra-sonic cleaning bath was carried out in accordance with current guidelines. We noted that weekly protein tests were not being undertaken by the practice. These tests should be considered.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Although the waste bags and containers were stored away from public access in the basement, the practice owner should consider the provision of a secure container for the waste in the basement prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in June 2016. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations in August 2016 and portable appliance testing (PAT) had been carried out in August 2016. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid.

The practice also dispensed their own medicines as part of a patient's dental treatment. These medicines were a range of antibiotics, the dispensing procedures were in accordance with current secondary dispensing guidelines and medicines were stored according to manufacturer's instructions. These medicines were stored securely for the protection of patients.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the local rules.

We were shown that a radiological audit for the dentist had been carried out in 2016. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

We noted that training records for the dentist showed they had fallen behind the schedule for core radiological knowledge under IRMER 2000 Regulations. We were assured that this would be addressed as soon as practically possible. The training records for the extended duty dental nurse who was responsible for taking of all patient X-rays were complete and up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines.

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 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. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. 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. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. 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 that were shown to us by the dentist demonstrated 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 tool is a simple and rapid screening tool used by the dentist to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The practice was very focused on the prevention of dental disease and the maintenance of good oral health.

There was a team approach to the provision of dental health education for patients. The dentist utilised extended duty dental nurses for this purpose. A dental nurse described the advice that they gave which included tooth brushing techniques explained to patients in a way they understood and 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'.

We were told that adults and children at high risk of tooth decay were identified and were offered optimum fluoride exposure to keep their teeth in a healthy condition.

Dental care records we observed demonstrated that the dentist and extended duty dental nurses had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums.

Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

Patients asked told us they felt there were enough staff working at the practice. Staff told us there were enough staff. Staff we spoke with told us they felt supported by the practice owner. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice owner employed three qualified dental nurses who also carried out reception duties.

Working with other services

Staff explained how the practice worked with other services. The dentist was able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as specialists in gum treatments and root canal therapy.

Consent to care and treatment

Staff explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues and how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The utilisation of the 'nurse booth' approach helped underpin

Are services effective?

(for example, treatment is effective)

patient consent. Following the initial consultation with the dentist the patient had the opportunity to spend a session with an extended duty dental nurse to thoroughly explore the treatment options, risks and benefits. During this session the patient was afforded time to ask questions about treatment and the nurse was then able to discuss the issues in a more relaxed forum in language that the patient could understand.

Obtaining consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment was described. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed.

Staff would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence 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?

Our findings

Respect, dignity, compassion and empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with the dentist.

Conversations between patients and dentist could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored in electronic and paper form paper form. Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the general public. However, the key to the cabinet storing the records was missing. This was drawn to the attention of the practice owner who stated they would address this issue as soon as practically possible.

Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of eight patients prior to the day of our visit and two patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the dentist was good at treating them with care and concern. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and 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. Details of treatment costs were set out in the patient welcome pack and on the practice website.

The dentist paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable and estimates and treatment plans for private patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information. These explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice website also contained useful information to patients such as how to provide feedback to the practice, details of opening hours and the costs of treatment. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

The dentist decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that may hamper them from accessing services.

The practice did not have access to translation services or a hearing loop in place for patients who may be hearing aid wearers. We spoke with the practice staff about this and they assured us they would address this shortfall.

To improve access for patients who found steps a barrier, the practice had level access to one of the three treatment rooms.

Access to the service

The practice's opening hours were between 12pm and 7pm on Monday and Thursday, 9am and 1pm on Tuesday, 9am and 5pm on Wednesday and 9am and 12pm on Friday.

Patients told us they were satisfied with the hours the surgery was open.

The dentist provided out of hours support in case of a dental emergency when the practice was closed. This information was available on the telephone answering machine when the practice was closed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided,

Information for patients about how to make a complaint was available in the patient area. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Patients told us they knew how to make a complaint if they had an issue.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

For example, a complaint would be acknowledged within three working days and a full response would be given in 10 days. We were told there had been no complaints received over the previous year.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice owner who was responsible for the day to day running of the practice. The practice had a clinical governance structure in place, although we did find that policies, systems and processes required strengthening. The suggested improvements are detailed in the summary section of the report.

All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the practice co-ordinator on a regular basis.

Leadership, openness and transparency

Effective leadership was provided by the practice owner. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. The 'daily huddle' was a good example of how concerns could be highlighted. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice owner was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an informal appraisal system, the 'daily huddle' and the weekly practice meetings every Tuesday afternoon.

We found there were a number of audit topics carried out by the practice that included infection control, clinical record keeping and X-ray quality. The audits identified where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development.

The practice owner encouraged staff to carry out professional development wherever possible. For example, the practice utilised the concept of the extended duty dental nurse where nurses had received additional training in taking X-rays, dental impression taking, oral health education and phlebotomy.

The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses. We noted that although the practice ensured that all staff underwent regular mandatory training there were some gaps which were addressed immediately after our visit.

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place.

As a result of patient feedback the practice initiated more detailed text reminders for appointments.

Staff told us that the dentist was very approachable and they felt they could give their views about how things were done at the practice.

Staff told us that they had daily meetings known as 'huddles' and frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements. For example, changes included restructuring staff duties.