

The Tooth Fairy Dental Company Limited

Greenleaves Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 July 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

Greenleaves Dental Practice is a general dental practice situated in the town of Potters Bar, Hertfordshire. It provides general dentistry to adults and children funded by the NHS or privately. They also offer the placement of implants (where a metal post is placed surgically into the jaw bone to support a tooth or teeth) and offer treatment under conscious sedation (these are techniques in which the use of a medicine or medicines produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice is situated on the high street in Potters Bar with good public transport links, and free car parking a short walk from the practice.

The practice is open from 8 am to 7 pm on Monday and Tuesday, 8 am to 6 pm on Wednesday and Thursday, 8 am to 5 pm on Friday and 8 am to 3 pm on a Saturday.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, 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

Prior to our visit we left comment cards at the practice which we collected on the day of the inspection. 28 patients provided feedback about the service in this way. Patients reported very positively about the service.

Our key findings were:

- The practice was visibly clean and clutter free.
- Patients reported positive experiences at the practice and commented that they were treated with care and understanding.
- The practice could normally arrange a routine appointment within one to two days and emergency appointments mostly on the same day.
- The practice offered evening and Saturday appointments to allow flexibility for those with commitments during normal working hours.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had all the emergency equipment recommended by the Resuscitation Council UK for use in a medical emergency, and all emergency medicines as recommended in the British National Formulary.
- The clinicians used nationally recognised guidelines in the care and treatment of patients.
- X-ray machines, although serviced, had not been tested for dose within the recommended three years, although this was arranged shortly following the inspection.

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

- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the practice's audit protocols for completion of infection control audits at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the procedures to track referrals made to other services, and ensure that this is used consistently.

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 safe care in accordance with the relevant regulations.

The practice had emergency medicines and equipment in place in line with national guidance. These were regularly checked and stored together in one bag to allow rapid access if a situation arose requiring it.

Infection control standards met those outlined in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

X-ray machines had been recently serviced, but not tested within the recommended three years. In addition the practice did not have an appointed Radiation Protection Advisor (RPA) to help oversee that radiation safety on the premises. Immediately following the inspection an RPA was appointed and testing of all the X-ray equipment was arranged.

No action



Are services effective?

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

The practice used national guidelines in the care and treatment of patients.

The practice carried out a comprehensive screening of the oral condition as well as soft tissues of the face and neck.

All qualified staff were registered with the General Dental Council.

No action



Are services caring?

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

Patients commented that clinicians were skilled at treating nervous patients and children, and were able to put them at ease.

Staff described the processes in place to maintain confidentiality within the practice.

No action



Are services responsive to people's needs?

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

A routine check-up appointment could be made within a couple of days, and the practice endeavored to see any patient phoning in pain on the same day.

Out of hours patients were directed to the NHS 111 service or to the mobile number for the principal dentist.

The practice offered flexible appointment times, with evening appointments available two days a week, and Saturday appointments every week.

No action



Summary of findings

Are services well-led?

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

The practice had recently appointed a new practice manager who was in the process of updating all the governance procedures in the practice. Although this work was not yet complete the resulting improvements were clear.

The practice used audit tools to monitor and improve the service; however infection control audits had not been completed since October 2013. Following our inspection this was carried out and a protocol put in place to ensure its timely completion in the future.

No action



Greenleaves 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.

We carried out an announced, comprehensive inspection on 19 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of

purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with six members of staff during the inspection.

We reviewed the practice's policies, procedures and other documents. We received feedback from 28 patients about the dental service.

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 a policy in place detailing how significant incidents would be investigated and dealt with, although the practice had not recorded any incident in the 12 months preceding our visit.

A duty of candour was evident and encouraged through the significant incident policy. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Prior to the implementation of this policy the practice reported incidents in an accident book. The most recent entry detailed the incident along with any action taken to reduce the chance of reoccurrence. These actions had been implemented within the practice.

The practice were aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They had information available which detailed how to make a report and in what circumstances a report should be made. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) by email. These were reviewed by the principal dentist, and any relevant alerts were disseminated to staff.

Reliable safety systems and processes (including safeguarding)

The practice had systems and policies in place regarding safeguarding vulnerable adults and child protection. Policies were readily available in hard copy form. The policies detailed the signs of abuse to look out for, as well as action to take if concerned. The principal dentist was assigned the role of safeguarding lead within the practice and staff we spoke with understood their responsibilities and how to get advice.

Useful contact numbers for seeking advice and support as well as raising a safeguarding concern were located in the policy document, and on display in the waiting area for staff to access.

All staff had undertaken training in safeguarding vulnerable adults and child protection appropriate to their role.

The practice had an up to date employers' liability insurance certificate which was due for renewal in November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We asked the clinicians about measures taken to reduce the risks involved in performing root canal treatment. The practice uses rubber dam where practically possible (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 British Endodontic Society recommends the use of rubber dam for root canal treatment.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary. The practice carried a dose adrenaline in a pre-filled syringe for use in the event of a serious allergic reaction. The BNF advises that the dose may need to be repeated every few minutes until the emergency services arrived. We raised this with the practice manager and the practice purchased further adrenaline shortly following the inspection in case of this scenario.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise. Staff had all undertaken medical emergencies training.

Are services safe?

Staff recruitment

We looked at the staff recruitment files for six staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks 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.

DBS checks were in place for all clinical staff. References had not always been requested prior to the new practice manager starting; however references had been sought for the newest member of staff. The new recruitment policy detailed that two references would be sought for every new member of staff to ensure fit and proper persons were employed.

We spoke with the newest member of staff who confirmed that they underwent a process of induction into their role. This involved going over the practice's policies and procedures, and they felt well-supported in their new position. Despite only being at the practice for three weeks they were able to describe the fire evacuation process, how to raise a safeguarding concern, and where to locate the medical emergencies equipment.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice.

A health and safety policy was available for staff to reference dated October 2015. This included information on accidents, electrical safety and fire safety. A practice risk assessment had been carried out in June 2016, this detailed areas of risk within the practice including manual handling, the possibility of eye injury and electrical safety.

A fire risk assessment had been carried out by a specialist company on 12 July 2016. This had listed three items as high risk on the action plan; all three of these actions had been addressed by the practice. A log book detailed the fire checks and drills which were carried out at the practice.

The practice had undertaken recent checks on the building, including an electrical installation condition report, and an emergency lighting report (17 July 2016).

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

The practice had a policy detailing the actions following an injury with a contaminated sharp. This was displayed in staff areas and included the contact details for the local occupational health department where advice and treatment could be sought following injury. The practice had moved to a system of safer sharps whereby a plastic tube was drawn up over the syringe and locked into place, this reduced the chances of injury from a needle. This was in line with the Health and Safety (Sharps Instruments in Healthcare) Regulation 2013.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place in place, although this was undated. Infection control audits had been carried out annually until October 2013, and not since. Following our inspection an infection control audit was carried out which did not highlight any serious concerns.

The practice had a separate decontamination room on the premises. Decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again. We observed a dental nurse carrying out the process in the treatment room.

Are services safe?

Instruments were cleaned either manually, or using an ultrasonic bath which removes contaminants by passing ultrasonic waves through a solution in which the instruments are immersed.

After cleaning and rinsing the instruments were inspected under an illuminated magnifier to confirm the removal of all visible debris. Instruments were then sterilised in one of two autoclaves. Instruments were then placed in pouches and marked with a use-by date.

Testing was carried out on the autoclaves and ultrasonic bath to ensure they continued to function effectively. These tests were in line with the recommendations of HTM 01-05.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice were checking the mains water temperatures, flushing and disinfecting the water lines and sending water samples off to be tested. This was in line with the external risk assessments that had been carried out in June 2012 to determine the level of risk.

The practice had a waste contractor in place to dispose of hazardous waste. A clinical waste bin was available at the rear of the premises to store the waste prior to collection. Although the clinical bin was locked, it was not secured to prevent its removal. Following the inspection the practice secured the bin.

There were records to demonstrate that staff had received inoculations against Hepatitis B or were in the process of receiving them. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered. Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions.

The practice had two autoclaves, both of which had been serviced and tested in the year preceding our visit. The air compressor had been serviced in November 2015. Portable appliance testing of electrical equipment had been carried out in July 2016.

The practice placed and restored dental implants. These are metal posts which are surgically placed into the jaw bone and can be used to support a single tooth, or multiple teeth. We saw that the equipment used to place implants was sterilised and stored appropriately.

The practice kept a stock of antibiotics to give to patients, these were stored and dispensed appropriately, and a log kept of batch numbers so that any faulty batch could be traced. Prescription pads were locked away on the premises.

The practice offered treatment under conscious sedation - (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). A log of controlled medicines used for this purpose was not kept by the practice.

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: Conscious Sedation in the Provision of Dental Care. Report of an expert group on sedation for dentistry, Department of Health 2003. However they did not have plans in place to achieve the standard outlined in the updated 2015 guidance.

Radiography (X-rays)

The practice was required to demonstrate compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had an intra-oral X-ray machine in each treatment room (these take an X-ray of one or a few teeth at a time). In addition the practice had a separate room which housed a cone beam computerised tomography machine (CBCT). This takes three dimensional images of an area of the jaw, and can be used to identify whether there is an appropriate amount of bone present to place an implant, or see where a nerve runs in relation to the roots of a tooth.

The X-ray machines had all been recently serviced, but had not had dose testing within the recommended three years. There was some confusion as to who the practice had appointed as radiation protection advisor (this is usually a medical physicist who oversees the use of radiation on the

Are services safe?

premises). Immediately following the inspection the practice appointed a new radiation protection advisor who arranged the appropriate tests to be carried out on all the X-ray machines.

The practice used exclusively digital X-rays, which were available to be viewed almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

Justification for taking an X-ray was documented in the patients dental care record, as well as a report of the findings of the radiograph.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

The practice had a procedure to fill in a new medical history form every year, and check verbally with the patients for any changes at every appointment. Although dental care records indicated that a verbal check was made, the written medical history form was not always updated annually. We raised this with the principal dentist who assured us that the protocol would be re-visited to ensure it was robust.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

Health promotion & prevention

The practice was committed to health promotion. Medical history forms asked questions regarding nicotine and alcohol use, this information could then be used to introduce a discussion regarding these.

We found a good understanding of the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' were

being applied when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

The practice was staffed by four dentists and two dental hygienists supported by five dental nurses, a receptionist and a newly employed practice manager.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Conscious sedation was offered by one dentist who had undergone a training course in 2004, assisted by a qualified dental nurse who had received in house training in sedation. The dentist had booked a refresher course in sedation for in October 2016, however the practice had not reviewed staff training requirements in conscious sedation as set out in The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

The practice kept logs of all referrals made from the practice to other services. The practice told us that historically some of the local services had been slow to respond to referrals. In response to this they had implemented a system to follow up referrals made to ensure that they had been received and actioned within an appropriate timeframe. We reviewed the logs and found that the process was not as robust as it could be, and the log had been filled out intermittently.

Staff training on the referrals process and follow up checks had been carried out in a staff meeting in April 2016.

We discussed this with the principal dentist who assured us that this protocol would be used consistently.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice demonstrated the process of consent, both through their descriptions of the patient journey, and by showing us dental care records. These had written details of conversations had between the dentist and patient. They detailed the options outlined to the patient as well as the option chosen. Patients commented that procedures were explained to them in detail.

The consent procedures for patients wishing to have dental implants were detailed and rigorous. A written treatment plan was provided to patients with itemised costings, and patients were encouraged to consider this before signing the consent form.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Although not all staff had specific training in this area they were able to describe the principles of the MCA. This was underpinned by a policy on the mental capacity act which detailed the five key principles.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Information that we received through patient comment cards indicated that the patients were always treated in a respectful and caring manner. They found staff to be helpful and friendly and commented that clinical staff were very understanding and were able to reassure nervous patients and put them at ease. Several comments indicated that staff were skilled at treating children. We observed staff throughout our visit and witnessed them interacting with patients in a polite and professional way.

Measures were in place to ensure that patients' private information was kept confidential. The reception desk was separate from the waiting area, and a radio was playing in the waiting area meaning that patients stood at the desk could not be easily overheard by patients in the waiting area. The computer screen was placed below the height of the counter, meaning that it could not be overlooked by anyone standing at the desk.

We spoke with staff about how confidentiality was preserved. We were told that any paper filing was carried out immediately to reduce the chance of it being accidentally overlooked. Paper records were kept in locked files. In addition computers were password protected, and anyone wishing to have a private conversation was taken to a room away from the reception desk.

The importance of data protection was a training topic of a staff meeting in April 2016.

Involvement in decisions about care and treatment

Patients received a written treatment plan detailing the treatment and costs of treatment for them to keep.

Patients commented that they always felt listened to and their concerns addressed. Options were always clearly explained to them and clinicians took the time to talk over the treatment plan.

NHS and private fees were detailed on posters displayed in reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

The practice offered evening appointments on Monday and Tuesday until 7 pm, and Saturday appointments every week which gave flexibility to patients who may have commitments during normal working hours.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs. A new patient to the practice could expect to receive a routine appointment within a couple of days.

Several comments were made by patients that they were seen promptly for their appointment time. The practice recently carried out a waiting time audit to address those situations where that was not always the case.

The reception area contained cleansable toys and books for children.

Tackling inequity and promoting equality

The practice welcomed patients of all cultures and backgrounds and sought to treat patients according to their individual needs. Comments were made by patients indicating that staff went out of their way to accommodate patients with individual needs.

The practice had access to a translation service to assist patients for whom English was not their first language. However the practice did not have a hearing loop to assist those patients using hearing aids.

Staff reported that patients with limited mobility were often dropped off outside the practice as there was no nearby parking, and staff would assist them into and around the premises.

Access to the service

Although emergency appointments were not kept aside daily, the practice endeavoured to see all emergency patients on the day they contacted the practice. Patients commented that they were always seen in an emergency.

Out of normal working hours patients were directed by the answerphone to call the NHS 111 service. The website also had the mobile number for the principal dentist who could be contacted for advice after hours.

Concerns & complaints

The practice had a policy on handling patient complaints; this was not dated, but the practice was in the process of updating all policies.

The policy was available both in the policy folder for staff to reference and displayed in reception for patients to reference. The complaints policy gave details regarding how a complaint to the practice would be dealt with, and also gave contact numbers of organisations that patients could escalate the complaint to should they feel it necessary.

The practice had not received a complaint in the year preceding the inspection as so we were unable to see the protocol in action.

Are services well-led?

Our findings

Governance arrangements

The principal dentist (who is the registered manager) took responsibility for the day to day running of the practice, assisted by the practice manager. Shortly prior to the inspection the practice had employed a new practice manager to work alongside the principal dentist in the overall management of the practice. They were in the process of overhauling the governance policies and procedures within the practice. Although this work was not complete a clear goal was evident across the practice.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding, and whistleblowing. The policies were not always dated, which made it difficult to ensure the information contained within was up to date and relevant, but the new practice manager was in the process of updating all policies, and demonstrated how staff would be required to read and sign all the policies once they had been updated to indicate that they understood the contents.

Risk assessments had been carried out by external contractors on a variety of areas, including health and safety, the building, legionella and fire risk.

The practice had monthly staff meetings; minutes for these meetings were available for staff to review. The practice manager intended to increase the frequency of these meetings, and to ensure that all staff that could not attend were given a copy of the minutes of the meeting to read and sign.

Leadership, openness and transparency

Staff reported an open and honest culture where they felt supported and encouraged to raise concerns. Communication across the team was constant and easy; the principal dentist was approachable and supported the staff.

The practice had in place an underperformance and whistleblowing policy. This gave guidance on how staff

could go about raising concerns they may have about a colleague's actions or behaviours, and also contained contact details for external companies from whom advice could be sought.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audit was used to recognise areas where practice could be improved; however this was not always completed within recognised timeframes, or as robust as it could be to gain as much benefit from the process as possible.

Infection control audits are required by the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices,' published by the Department of Health to be carried out every six months. During our visit the most recent audit we were shown was from October 2013. Following our inspection a new audit was completed with a detailed action plan, and a protocol put in place to complete the audit every six months.

An audit on the quality of X-rays was completed for one dentist in March 2016. An action plan had been developed to improve quality. We were told that the other dentists had completed recent audits of their X-rays, but these were not available to view on the day, and were supplied shortly following the inspection.

A record keeping audit was completed for one dentist in January 2016, and the practice intended to extend this to all clinicians.

A waiting time survey had been carried out for all dentists in March 2016, which highlighted which clinicians were more likely to run late. A plan was in place to address any shortcomings.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC. The new practice manager was in the process of collating all the CPD carried out by all staff so that they could maintain an overview of any required training.

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

Are services well-led?

The practice had systems in place to involve, seek and act upon feedback from people using the service. The practice invited comments from patients through the NHS friends and family scheme.

Staff told us that their comments and input were encouraged and welcomed by the management team at the practice.