

Specialist Dental Care Limited

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Inspection Report

Specialist Dental Care Limited
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Overall summary

We carried out an announced comprehensive inspection on 18 August 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

This specialist practice provides private treatment only to adult patients who have been referred from general dentists and other dental and medical specialists from the Yorkshire area and beyond. The dentist provides advice and treatment in restorative dentistry, prosthodontics, periodontics, and endodontics and implant dentistry.

The dental practice has one treatment room on the ground floor and one on the first floor. There is a waiting/reception area, a decontamination room, staff room/kitchen and office area. There are accessible toilet facilities on the ground floor of the premises. There is limited private parking outside the practice.

The practice has a dentist, an associate dentist, hygienist, dental therapist and three dental nurse/reception staff.

The practice is open Monday 9am-2pm then 5pm-9pm, Wednesday 8:30am-6:00pm, Thursday 8:30am-6:00pm, Friday 9:30am-3:00pm and Saturday 8:30am-4:30pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

Summary of findings

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.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from nine patients which all gave positive comments about the care and treatment received at the practice. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they could access emergency care easily and staff were sensitive to their needs and were particularly good if they were nervous or anxious about treatment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff were qualified and had received training appropriate to their roles.

- Treatment was provided in line with current guidelines including the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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 effective systems in place to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

The decontamination procedures were effective and the equipment involved in the decontamination process was either new or had been regularly serviced, validated and checked to ensure it was safe to use.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, fire extinguishers, the air compressor and medical emergency oxygen.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by staff.

There was evidence to demonstrate that staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records included information about their current dental needs and past treatment. Patients dental care records provided detailed information about their current dental needs and past treatment. The dental care records confirmed treatment given, including grading and justification of X-rays. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing professional development (CPD).

No action



Summary of findings

Are services caring?

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

We received feedback from nine CQC comment cards about the care and treatment they received at the practice. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They commented that staff had made them feel at ease and particularly nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access the practice for treatment.

No action



Are services well-led?

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

There was a clearly defined management structure in place and all told us they were supported

There were good arrangements in place to share information with staff by means of regular practice meetings, which were minuted and displayed on the staff notice board for those staff unable to attend.

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Key staff held the lead roles for areas such as, infection prevention and control; safeguarding, complaints and they supported the staff to identify and manage risks and helped ensure information was shared with all team members.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



Specialist Dental Care Limited

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 18 August 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with three members of staff, including the registered provider/ dentist. We toured the practice and reviewed emergency medicines and equipment.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the 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 clear guidance for staff about how to report incidents and accidents. Staff were familiar with the process for accident and incident reporting. Any accidents or incidents were reported to the practice manager and discussed at staff meetings. We reviewed the significant events which had taken place within the last 12 months and these had been well documented, investigated and reflected upon by the dental practice. We saw evidence of learning from significant events, for example the computers at the practice were affected by a virus which meant that the computers had to be restored. Following this event the practice manager arranged hard copies were made of patient's appointments on a weekly basis to ensure continuity of service.

The practice manager told us they did not receive recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The practice manager confirmed the email alerts would be set up with immediate effect.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and what notifications need to be made to the CQC. The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book, there were no entries logged as yet. The practice manager was clear of the procedure to take if any events occurred.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The practice manager knew when and how to notify CQC of incidents which could cause harm. Patients were told they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in the Bradford and Leeds areas. All of the staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in safeguarding patients.

The practice followed national guidelines on patient safety. For example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns.

Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had an emergency bag which had emergency drugs and equipment needed to meet the needs of each potential emergency. We noted that the adrenalin adult dosage required review and that a portable suction was not in place. The practice manager confirmed these would be put in place with immediate effect.

The practice had a defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Are services safe?

We saw weekly records of checks for emergency equipment and emergency medicines were in place. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the practice.

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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. Records confirmed these checks were in place.

We looked at the recruitment files of the newest member of staff and found they contained appropriate documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw all clinical staff were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice)

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also displayed a Control of Substances Hazardous to Health (COSHH) poster giving

staff easy access to COSHH information. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a business continuity plan which described situations which might interfere with the day to day running of the practice.

Infection control

The practice had a decontamination room. The room 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.

The practice followed the guidance about decontamination and infection prevention and control and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. A dental nurse was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection prevention control audit completed in August 2016, which had risk assessed the dental practice and highlighted action to be taken if required. The practice manager confirmed that they completed six monthly audits. We noted that action plans were in place and areas for improvement were being addressed.

We looked around the premises during the inspection and found the treatment rooms and the decontamination rooms were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

Are services safe?

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaning company was employed daily to clean the public areas of the building.

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of protective equipment for patients and staff members.

The practice had systems in place for quality testing the decontamination equipment. The decontamination room had an autoclave and a washer disinfectant (equipment that cleans and sterilises dental instruments and devices). There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with guidance an instrument transportation system with sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff showed us the decontamination process and were able to demonstrate the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We observed Staff the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; also the packaging and storing clean instruments. We looked at a sample of instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a "safer sharps" policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items were single use only.

The practice had completed a Legionella risk assessment and sought external advice regarding the newly completed premises in 2015. The practice met the Legionella safety guidelines and completed regular water temperature checks. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

Equipment and medicines

The surgery and equipment were installed in 2015. We saw that arrangements were in place to ensure future essential safety checks were in place for portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as an autoclave (a device for sterilising dental and medical instruments), a washer disinfectant, and compressor and X-ray equipment.

We saw evidence a fire risk assessment was completed in March 2016 and the fire safety equipment was checked annually. Fire alarms and emergency lighting were tested regularly and a recent staff fire drill had taken place. The practice manager had completed training as a fire marshal and a fire drill had been undertaken at the practice.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in all treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

We saw all staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic care records. They contained information about the patient's current dental needs and past treatment.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice (FGDP).

We looked at dental care records. We found they were in accordance with the guidance provided by the FGDP. Records we reviewed showed evidence of consultations with patients and records of soft tissue examinations, diagnosis and a basic periodontal examination (BPE) (a screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). We saw patients were asked to complete a full medical history when they were referred to the practice. When we spoke with patients they confirmed they were asked during their visit for any changes to medical history or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked and updated.

We saw that patient record audits were undertaken by the practice manager and discussed individually with each dentist.

We saw from the patients' dental records the dentist discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentist was working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for

prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist and the dental hygienist. The patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing and prescribed high fluoride toothpastes to help reduce the decay process. We confirmed in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate.

The waiting area contained a variety of health promotion leaflets that explained effective dental hygiene and how to reduce the risk of poor dental health. The medical history form patients completed included questions about smoking and alcohol consumption.

The practice had a selection of dental products in the reception area to assist patients with their oral health.

Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their 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 and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. Referrals were made to the practice from general dentists and other medical professionals. The dentist provided an assessment, consultation and a written plan of treatment to both the referring body and the patient. Following the treatment the dentist referred the patient back to their main dentist.

If the dentist needed to refer a patient to another service for specialist treatment, such as suspected oral cancer, the referral process was in place. We saw detailed pro formas or referral letters to ensure the specialist service had all the relevant information required. The practice manager

Are services effective?

(for example, treatment is effective)

confirmed that referrals of this nature were rare as the patients maintained their relationship with their own dentist whilst having additional work at the specialist practice.

Consent to care and treatment

Patients told us they were given appropriate information to support them to make decisions about the treatment they received. Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained. The dentist told us they ensured patients gave their consent before treatment began and patients were given a treatment plan. This confirmed individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

The practice had a consent policy in place and staff had completed training and were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how professional and attentive staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically. Computers were password protected and regularly backed up to secure storage daily.

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen. Music was played in the waiting areas and conversations could not be heard from outside the treatment rooms which protected patient privacy.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The dentist discussed costs of treatments and wrote to the referring dentist and patient with an outline of treatment options and costs.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and that they felt listened to and were satisfied with the information they had received. They confirmed they were made aware of all charges prior to their treatment.

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 we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff had completed equality and diversity training.

Reasonable adjustments had been made to the premises including an accessible toilet. Treatment areas were accessible with level access was available throughout the building.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

Access to the service

The practice is open Monday 9am-2pm then 5pm-9pm, Wednesday 8:30am-6:00pm, Thursday 8:30am-6:00pm, Friday 9:30am-3:00pm and Saturday 8:30am-4:30pm.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

Concerns & complaints

The practice had a complaints policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

We saw the practice had monthly practice meetings. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. The staff team had been in place at Ilkley for 12 months and they had either received appraisals or had appraisals booked in the next month. Staff confirmed that they were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice had introduced clinical and non-clinical audits. These included infection prevention and control, X-ray quality, patient waiting times and record keeping. The practice manager provided feedback to staff identifying where improvement actions may be needed.

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

Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

Patients' surveys were conducted by the practice in the last 12 months. The surveys had been reviewed and patient's comments responded to for instance a greater range of magazines being provided.