

# Orchard Road (DS) Limited

## 1-5 Orchard Road

### Inspection Report

1-5 Orchard Road  
Dagenham  
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### Overall summary

We carried out an announced comprehensive inspection on 28 January 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.

##### **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**

1-5 Orchard Road is located in the London Borough of Barking and Dagenham and provides NHS and private dental treatment to both adults and children. The premises are on the ground floor and consist of four surgeries, a reception area and a dedicated decontamination room. The premises are wheelchair accessible and have facilities for wheelchair users. The practice is open Monday to Friday 8:30am – 5:00pm.

The staff consists of three associate dentists, three dental nurses, two trainee dental nurses who also undertook the role of receptionists and a practice manager.

The dental executive is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

We received 21 Care Quality Commission (CQC) comment cards completed by patients. Patients who completed the comment cards were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

#### **Our key findings were:**

# Summary of findings

- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Equipment to manage medical emergencies such as oxygen was readily available. Staff knew where the equipment was stored.
- There were systems in place to check equipment including the autoclave, oxygen cylinder and the X-ray equipment had been serviced regularly.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- At our visit we observed staff were kind, caring and professional.
- There was a lack of effective processes for acknowledging, recording, investigating and responding to complaints made by patients.
- Suitable checks had not been undertaken before employing staff.
- There was a lack of an effective process to ensure staff were working towards completing the required number of continuing professional development hours to maintain their professional development in line with requirements set by the General Dental Council.
- The provider did not have effective systems to monitor and improve quality, as was evident from lack of routine audits in key areas, such as radiography. Audits that had been undertaken lacked information and actions identified were not always carried out.

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

- Establish an effective process for acknowledging, recording, investigating and responding to complaints made by patients.
- Ensure audits of various aspects of the service, such as radiography, are undertaken at regular intervals to help improve the quality of service. The practice should also check, that where appropriate the audits have documented learning points and the resulting improvements can be demonstrated.
- Review the procedures and protocols to comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

# 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 systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

### **Are services caring?**

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

We reviewed 21 completed CQC comments cards and patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and reassured. We also reviewed 34 comment cards from the NHS friend and family test and patients were positive in their feedback about the service.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

### **Are services responsive to people's needs?**

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

The needs of people with disabilities had been considered and there was wheelchair access to the practice. The practice had implemented changes based on feedback from patients and is currently undergoing refurbishment. Patients had access to information about the service. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day.

### **Are services well-led?**

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

# Summary of findings

Staff told us the practice manager was always approachable and the culture within the practice was open and transparent. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

Staff told us they enjoyed working at the practice and felt part of a team.

We noted that the practice did not have robust systems in place to identify and manage risks such as those arising from employing staff without undertaking the required pre-employment checks. The provider was relying on staff to undertake their continued professional development and there were no assurance systems in place to confirm that all staff were up to date with their training. Audits such as those on the suitability of X-rays had not been undertaken in the last 12 months.

We did not see evidence that complaints were handled in line with current guidance. We did not see records of any learning from the complaints being shared with staff members.

# 1-5 Orchard Road

## 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 28 January 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, which included two dentists, three dental nurses and the practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency

medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We also reviewed 21 CQC comment cards completed by patients in the two-week period prior to our inspection visit.

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 an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were three reported incidents within the last 12 months. Records show that these incidents were investigated and reported in line with current guidance. There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, staff we spoke with were uncertain of these requirements. There were no RIDDOR incidents within the last 12 months.

The practice had carried out risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated in 04 January 2016.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The policy had details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The practice manager was the safeguarding lead and all staff we spoke with were aware of how to respond to suspected and actual safeguarding incidents. There was one reported safeguarding incident in September 2015. We saw evidence that the incident was investigated and reported in line with current guidance and the practice policy.

We saw evidence that five of the nine members of staff had completed child protection and safeguarding training to an appropriate level. One dentist, two dental nurses and both trainee dental nurses had completed level two child protection and safeguarding training in January 2016.. Following our inspection the practice sent us confirmation that remaining staff had also completed the relevant training.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a weekly inspection of the fire doors and escape routes

which was documented. Staff had received training in fire safety. Emergency exit routes were clearly marked, fire safety posters were displayed and appropriate fire extinguishers were in place.

We saw that the practice risk assessment included recording near misses and learning from these incidents. For example, we saw that based on feedback from a patient a risk assessment on slip, trips and falls had been carried out and appropriate steps taken to mitigate the risk.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and other related items, such as manual breathing aids, portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines (2010). (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).

Records completed showed regular checks were done to ensure the equipment and emergency medicine were safe to use. All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that four members of staff had completed training in emergency resuscitation and basic life support. Following our inspection the practice sent us confirmation of training for other members of staff.

### Staff recruitment

There were recruitment and selection procedures in place. We reviewed the employment files for all staff members. The files contained some of the evidence required to satisfy the requirements of relevant legislation including evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where applicable.

Some of the appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required). In January 2016 the practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. We saw email confirmation that the

# Are services safe?

checks had been carried out with no reported concerns. (The 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.)

We did not see records of Hepatitis B immunisation for one of the clinical staff members. We were told that they had recently had an occupational health assessment. Following our inspection the practice sent us confirmation of the staff members immunisation. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

We did not see evidence that references were obtained for staff members. Staff told us that these checks had not been carried out. The practice had recently updated its recruitment policy on 16 January 2016 which included requirement to undertake DBS checks and references.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. Staff told us there was a weekly inspection of the fire doors and escape routes and we saw evidence of this.

The practice had carried out a risk assessment of the business and there was a comprehensive business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies. This included loss of telephone service, electricity, gas or water supply. The plan contained information on how to contact patients and staff members in the event of unexpected incidents and emergencies.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care

dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. An infection control audit had been carried out in July 2015.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella was carried out in December 2015. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

# Are services safe?

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

## **Equipment and medicines**

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and X-ray equipment. The autoclave was serviced in January 2016 and a pressure vessel check in August 2015. The practice had portable appliances and had carried out portable appliance tests (PAT) in February 2015. We saw that the dental chairs were serviced in July 2015.

## **Radiography (X-rays)**

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. We saw that a critical examination report was completed in June 2015. The practice had installed a new X-ray machine on 27 January 2016 and was awaiting confirmation of the critical examination report. The X-ray developer was due to be serviced in February 2016

The quality of X-rays were graded and recorded in the notes. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw some evidence of assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. Dentists were also recording when oral health advice was given.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the patients' waiting room relating to health promotion including toothbrushing, dry mouth, caring for children's teeth and diabetes.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice. Notes we checked confirmed this; for example we saw that dentists had discussions with patients about the advantages of a good diet and preventive measures for decay.

### Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme. The practice had a staff handbook which contains policies such as confidentiality, grievance procedures, data protection and infection control. We saw

evidence that both trainee dental nurses had completed the induction programme. The practice manager told us that the trainee dental nurses were registered on a training course to gain a qualification which could lead to registration with the General Dental Council (GDC).

Some members of staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We did not see evidence of continuing professional development (CPD) for one of the associates including mandatory requirements such as medical emergencies, infection control and radiography and radiation protection. There was a formal appraisal system in place to identify training and development needs. Staff told us that they discussed training needs with the practice manager and had opportunities to learn and develop.

### Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and conscious sedation. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

### Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information given before making a decision.

# Are services effective?

(for example, treatment is effective)

The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care records which showed treatment plans signed by the patient.

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. While staff did not have formal training on the MCA they demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received CQC comment cards from 21 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite and courteous towards patients, welcoming and friendly.

The practice had a staff induction manual which includes a policy on confidentiality and each member of staff was given a copy. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were locked in a filing cabinet. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We

observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentist and dental nurses had been very mindful of the patients' anxieties when providing care and treatment. They indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

### **Involvement in decisions about care and treatment**

The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice is mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. The practice also had staff who spoke Greek, Romanian, Lithuanian and Sudanese.

The practice had recognised the needs of different groups in the planning of its service

It was accessible to people using wheelchairs, or those with limited mobility, which included a disabled toilet, a ramp and disabled parking at the front of the practice.

### Access to the service

We asked the practice manager how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. The practice had a patient leaflet in the reception outlining the opening hours, emergency out of hours' details and how to make a complaint.

If patients required an appointment outside of normal opening times they were directed to the local out of hours' dental service. These contact details were given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

### Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. 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. The practice manager showed us the practice leaflet which details the complaint process that would be given to a patient if they made a complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints made by patients and found there was not an effective system in place which ensured a timely response. We reviewed the complaints that the practice received in the last 12 months. The practice had received eight complaints in the last 12 months and we did not see evidence that five were managed effectively. For example, we saw that patients had complained about their treatment but the response to the complaint had not address the specific concerns raised. There was no evidence the dentist concerned provided any input in the response to the complaints. We noted several of the complaints related to poor communication but there was no record that this had been addressed. There was no record of the practice team reviewing complaints as a learning opportunity in order to improve the quality of service provided during 2015 when the eight complaints were received.

We reviewed a practice complaints audit which was completed on 22 January 2016. It detailed the practice future plans to provide training on patient and customer care. The review stated that the clinical director planned to have a meeting with the dentist on good communication skills. However, we noted the review gave no planned dates for the meetings or training.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had not implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled audits or had not followed through with action plans. For example, the dentists had not carried out radiography audits in the last 12 months in line with current guidance. We saw that a record keeping audit had been carried out in June 2015 and had identified issues such as recording intra oral examination, grading justification and reporting on X-rays. The audit was planned to be repeated after four months but this had not been done. We discussed this with the clinical director who told us the audits would be carried out in February 2016. Following our inspection the practice sent us the template that would be used for future X-ray audits.

There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. Staff told us the practice held meetings to discuss ways in which they could improve the care and treatment offered to patients. Staff told us that six meetings took place in 2015. However, there were no minutes available for us to view at the inspection. There was a staff meeting in January 2016 and the minutes showed that infection control, maintenance and cleaning were discussed.

The practice did not have any systems in place to receive and act on safety alerts from external agencies such as the Medicines and Healthcare Product Regulating Agency (MHRA). We did not see evidence that the practice had assessed the risk of employing staff without carrying out all the appropriate checks. For example, Hepatitis B immunisation and references.

### Leadership, openness and transparency

The staff we spoke with described an open and transparent culture which encouraged honesty. Staff said that they felt comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so.

The practice was currently undergoing refurbishment. We spoke with the practice manager about the future plans for the practice. This included restarting the children's dental health education programme at the practice on Saturdays and training two dental nurses in oral health education.

We were shown a training programme of courses the staff had completed. However, it was not clear which staff members completed the training because there were no CPD certificates or meeting minutes for us to view on the day. The practice future plans included completing and documenting a statutory and mandatory training programme which included safeguarding, infection control and radiography.

We found staff to be hard working, caring and a cohesive team and there was a system of yearly staff appraisals to support staff in carrying out their roles.

### Learning and improvement

We did not see evidence of learning from complaints being discussed with members of staff.

We saw records showing some staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. We did see records of CPD for one of the associate dentist. One dental nurse had completed first aid training but there was no evidence of training in medical emergencies. There was no record available at the inspection to show that one of the trainee dental nurses had training in medical emergencies. Following our inspection we received confirmation that the trainee dental nurses had completed training in medical emergencies.

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

The practice gathered feedback from patients through the use of a yearly patient satisfaction survey. Based on this feedback from patients the practice has plans to improve the telephone system and to become computerised. The practice manager told us that this would be completed as a part of the ongoing refurbishment work at the practice. Staff told us that patients completed the NHS friends and family test but this had not been analysed. We reviewed 34 friend and family test comment cards and patients were positive in their feedback about the service.