Evo Dental Centre Limited

EvoDental Dental Surgery 1 - North West

Inspection Report

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Overall summary

We carried out a comprehensive inspection of EvoDental Surgery1-North West on 14 May 2015.

EvoDental Surgery1-North West is situated near Huyton in Merseyside. It provides private dental implant services.

The practice has three dentists, two of whom are part time; two dental nurses, a decontamination technician, an administrator and a practice manager. The practice has five dental technicians working in its on-site implant laboratory.

The principal dentist is the clinical director and provider of the service. The practice manager is the registered manager for the practice. 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.

The service is supported by a visiting clinical director for research and development. Dental implant procedures are mainly carried out under local anaesthetic; however conscious intravenous (IV) sedation is available for nervous patients. A consultant anaesthetist from outside the practice provides specialist support to carry out conscious IV sedation.

The practice is open Monday to Friday from 9-00am to 7-00pm.

We spoke with one patient and the relative of two patients who used the service on the day of our inspection and reviewed three completed CQC comment cards. Patients we spoke with and who completed comment cards were positive about the care they received from the practice. They commented staff were caring, helpful and respectful and that they had confidence in the dental services provided.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available. Infection control procedures were in place and the practice followed published guidance.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP).
- Patients were treated with dignity and respect and confidentiality was maintained. Patients commented they felt involved in their treatment and that it was fully explained to them.
- The practice provided patients with information about the services they offered on their website and in the information pack given to patients at the initial consultation.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of the service.

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.

There were systems in place to help ensure the safety of staff and patients. These included infection prevention and control, health and safety, staff recruitment and the management of medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks.

Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients. Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Patients discussed the practice's detailed consent form with the dentist and signed it before treatment began. It included information about the risks and benefits of dental implant treatment and the post-operative oral health care required to help ensure the implant treatment was successful.

Are services caring?

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

We looked at three CQC comment cards that patients had completed prior to the inspection and spoke with one patient and the relative of two patients on the day of the inspection. Patients were positive about the care they received from the service. They commented they were treated with respect and dignity. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Are services responsive to people's needs?

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

The practice provided patients with information about the services they offered on their website and in the information pack given to patients at the initial consultation. There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

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

There were clearly defined leadership roles in place The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice sought the views of staff and patients. The practice manager and principal dentist ensured policies and procedures were in place to support the safe running of the service.

EvoDental Dental Surgery 1 - North West

Detailed findings

Background to this inspection

This announced inspection was carried out on the 14 May 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider.

During the inspection we toured the premises and spoke with two of the dentists, two dental nurses, the decontamination technician, three laboratory technicians, the administrator and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We obtained the views of three patients who had filled in CQC comment cards and spoke with one patient and a relative of two patients on the day of our inspection.

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 systems in place to learn from and make improvements following any accidents or incidents. The practice had an accident report policy which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice maintained a log of significant events which included a detailed description, the learning that had taken place and the actions taken by the practice as a result.

A recent event which was recorded in the accident book involved a patient during surgery. We discussed this with the principal dentist who confirmed this should have been recorded as a significant event. Following the inspection visit the principal dentist acted immediately; a full review of the incident took place and a clear protocol was written and discussed with staff to help prevent recurrence.

The practice manager checked all safety alerts and spoke with staff to ensure they were acted upon. A log of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams in the Liverpool area. The practice manager told us that any concerns regarding patients seen from out of the area would be directed to the safeguarding teams in their local areas and that this information was readily available on local government websites. Staff had attended safeguarding training in the last 12 months.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Medical emergencies

The practice had a medical emergencies procedure which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines on both the ground and first floors; to support patients in the treatment and waiting areas. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff were knowledgeable about what to do in a medical emergency. One staff member was the first aid lead and had received training to carry out the role.

Staff recruitment

The practice had a policy and set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. We reviewed documentation and found the recruitment procedure had been followed.

The practice checked the professional registration for newly employed clinical staff and thereafter each year to ensure that professional registrations were up to date. Records we looked at confirmed this.

The practice manager told us it was their policy to carry out Disclosure and Barring service (DBS) checks for all dentists, dental nurses and the receptionist. 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 showed these checks were in place. The practice also employed dental technicians who worked in the laboratory and a decontamination technician. These staff did not have direct patient contact or access to patient records. The practice had carried out a risk assessment for this staff role which supported their decision not to carry out a DBS check for them.

Are services safe?

Newly employed staff had a period of induction to familiarise themselves with practice procedures before being allowed to work unsupervised.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager carried out monthly health and safety and electrical checks. These included inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

The practice had procedures to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. For example, patients 'electronic records could be accessed off site by authorised staff. There were arrangements in place with three other dental practices to use their treatment rooms in the event the EvoDental premises were inaccessible. The principal dentist and the practice manager were on site or contactable at all times should staff require assistance.

Infection control

The infection control lead professionals (dental nurses) and the practice manager ensured there was a comprehensive infection control policy and set of procedures to help keep patients, staff and visitors safe. These included hand hygiene, environmental cleaning, managing waste products and decontamination guidance.

The practice had followed the guidance about 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)' 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. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Staff had attended training regarding decontamination procedures and hand hygiene in the last 12 months.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that were free from clutter and could be cleaned and disinfected between patients.

Staff we spoke with told us they 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. There were hand washing facilities adjacent to each treatment room and staff had access to good supplies of protective equipment for patients and staff members Staff and patients we spoke with confirmed that protective aprons, gloves and masks were worn during assessment and treatment in accordance with infection control procedures

Decontamination procedures were carried out in a dedicated decontamination room. This was the responsibility of a decontamination technician; however dental nurses were also knowledgeable about the procedures. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The decontamination technician showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice manually cleaned used instruments and an ultrasonic cleaner for specific small items. They examined the instruments visually with an illuminated magnifying glass, to check for any debris or damage, then sterilised them in an autoclave. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

There were systems for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We reviewed the results of the practice's self- assessment audits carried out in November 2014 and in May 2015 relating to HTM01-05.This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Both audits showed the practice was meeting the required standards

and had identified actions required to maintain and continually improve infection control procedures. It was evident from records we looked at that the actions identified had been acted upon.

The practice had carried out a risk assessment for Legionella in 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. Records showed these procedures were being carried out.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclaves, fire extinguishers, oxygen cylinders and the X-ray equipment.

There was a system in place for the reporting and maintenance of faulty equipment. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had a system in place for the recording, dispensing and use of medicines such as local anaesthetics, pain relief and antibiotics. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics given to the patient were recorded in patient dental care records. Details of pain relief given to patients to take whilst in the practice on the day of the surgery; and antibiotics given to patients for use at home following the surgery, were also recorded in patient records. A log of all medicines dispensed was retained by the practice to provide a clear audit trail of safe usage and dispensing.

We checked the stock of medicines stored in the practice and found three were out of date. The principal dentist confirmed that two of these were no longer used by the practice and should have been removed as old stock. One other medicine, an anaesthetic, was removed immediately. Following the inspection visit the practice identified this as a significant event and made immediate changes to the stock of medicines they kept. They also introduced a system of weekly checks of medicines by two staff and three monthly audits by the practice manager.

The practice dispensed a number of antibiotics and they had sufficient stocks of pharmacy labels which provided guidance for patients for example, regarding the use of alcohol. A member of staff told us they wrote the patients name on the box but did not routinely attach the printed label. We brought this to the attention of the principal dentist who confirmed staff would be reminded about the practice's procedures regarding dispensing medicines and that the practice manager would check this was adhered to.

Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and a maintenance record**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed and X-ray audits were carried out every six months. The results of the most recent audit confirmed they were meeting the required standards.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients attending the service for an initial consultation received a comprehensive oral health assessment, including about the condition of the teeth, soft tissues lining the mouth and gums. Patients had three dimensional X-ray images taken called orthopantomograms, to assess if they were suitable for dental implant treatment. (An OPG is a panoramic scanning dental X-ray of the upper and lower jaw). A detailed medical history was taken which included an update on their health conditions, current medicines being taken and whether they had any allergies.

Patients were provided with a treatment plan to take away, including information about the procedures and fees. If patients wished to proceed they contacted the service to arrange a second consultation. The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in four patient records and found they provided comprehensive information about the patients oral health assessments, treatment and advice given, in keeping with guidance on clinical examinations and record keeping issued by the Faculty of General Dental Practice (FGDP).

The principal dentist told us the practice was focussed on improving patients' oral health quality of life. They participated in a study in 2011 looking at the oral health outcomes following dental implant treatment; as identified by patients using the oral health impact profile (OHIP) questionnaire. This had shown dental implant therapy had a positive effect on oral health quality of life as determined by OHIP.

Health promotion & prevention

The practice gathered information about patients' alcohol consumption and smoking as part of the initial consultation. Patients were advised to stop smoking if they wished to be considered for dental implant treatment; as smoking can increase the number of problems associated with how well tissues heal and the overall success of the implant.

EvoDental provided patients who had undergone dental implant therapy with written instructions about post-operative oral care. This included information about maintaining good oral hygiene and dietary advice.

Staffing

Staff we spoke with told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC).The GDC is the statutory body responsible for regulating dental care professionals. Records showed professional registration with the GDC was up to date for all staff. Mandatory training included basic life support and infection prevention and control. Records showed staff had completed these in the last 12 months.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the manager was available to speak to at all times for support and advice. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted.

Procedures were mainly carried out under local anaesthetic; however conscious intravenous (IV) sedation was available for nervous patients. A consultant anaesthetist and a dental nurse trained in IV sedation were employed by the practice to provide specialist support to carry out this procedure. In accordance with Department of Health guidance 'Conscious Sedation in the Provision of Dental Care' 2003, there were procedures in place to monitor patients' blood pressure, heart rate, breathing rate and oxygen levels in the blood during the sedation. The consultant anaesthetist provided the required medicines including the reversal agent (medicine used to reverse the effects of sedation). The consultant anaesthetist and the practice dentist checked them to ensure they were available and ready to use prior to treatment commencing. There was the appropriate staff to patient ratio during sessions used for conscious IV sedation.

Working with other services

The practice worked with other services to meet the needs of patients. Patients were referred to the service either by their dentist or by self-referral. The practice contacted the patient's' local dentist if they required more information

Are services effective?

(for example, treatment is effective)

about previous dental treatments. Following treatment a follow up letter was sent to the patient's dentist with the details of the treatment provided and the outcome of the procedures.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The practice included information about the Mental Capacity Act (MCA) 2005 in their safeguarding policy and training.

Staff ensured patients gave their consent before treatment began. The consent form was a detailed document which the dentist discussed with the patient before they signed it. It included information about the risks and benefits of dental implant treatment and the post-operative oral health care required to help ensure the implant treatment was successful. The practice took pictures of a patient's face, mouth and teeth before and after dental implant treatment. Additional written consent was obtained prior to any photographs being used on the practice website.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at three CQC comment cards that patients had completed prior to the inspection and spoke with a patient and a relative of two patients on the day of the inspection. Patients were positive about the care they received from the service. They commented they were treated with respect and dignity. We looked the results of the practice's most recent patient survey in January 2015. This confirmed patients felt confident their confidentiality was respected.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included guidance about patient confidentiality and data protection.

Staff were sensitive to the needs of their patients and there was a strong focus on reducing patients' anxieties. The main waiting area was situated away from the reception and staff we spoke with were aware of the importance of providing patients with privacy. There were rooms available if patients wished to discuss something with them away from the reception area. There were two additional waiting rooms available for patients to use following their surgery.

We observed there were sufficient treatment rooms available and used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

Involvement in decisions about care and treatment

Patients told us they had sufficient time to speak with the dentist during their consultations or by contacting the practice if they had any questions or concerns. They felt they had been fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to. The practice's most recent patient survey showed patients were confident they were listened to, felt involved in decisions about treatment and had clear explanations given to them

Following an initial consultation, patients were provided with a pack of information about their treatment, including a detailed treatment plan with costs, details of the procedures and pre and post-surgery oral care advice**.** The pack included an explanation of the terms used in the treatment plans to help patients fully understood them in order to make an informed choice. Information was also available for patients on the practice website, for example, about what to do on the day of the implant and oral hygiene guidance.

Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered on their website and in the information pack given to patients at the initial consultation. The initial consultation and follow up appointments were between 45 and 60 minutes in length. Patients we spoke with told us they had easy access to appointments and sufficient time to speak with the dentist.

The practice had systems in place to see patients the same day or within 24 hours if they required an urgent appointment. For example, the practice operated extended opening hours every week day until 7pm. The dentists monitored all phone messages to the service made out of hours; and contacted patients directly if they felt it was an urgent matter. The latest patient survey in January 2015 reported all patients were confident or quite confident that they would be seen quickly and efficiently if they had an emergency.

Tackling inequity and promoting equality

The practice manager completed an audit regarding disability access for the premises in December 2014. The audit had identified there was limited disabled access to the two treatment rooms which were situated upstairs and that the practice was unable to fit a lift due to building constraints. They had identified three alternative dental premises in which to treat patients with mobility difficulties and were investigating if a stair lift could be fitted. Two staff were scheduled to have training regarding supporting patients with physical and sensory disabilities in 2015. The practice had a disabled parking bay, a dropped kerb ramp and disabled toilet facilities.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. The practice manager was knowledgeable about how to arrange an interpreter if required and we saw a guidance sheet for staff with contact details for an interpreter service.

Access to the service

The practice's opening hours were Monday to Friday from 9.00am to 7.00pm. The practice website provided patients with the opportunity to request a phone call from the service to discuss their enquiry with a choice of times each day to select from. The reception was staffed during lunch periods and an answering machine took messages if patients rang after 7pm and at weekends**.** CQC comment cards reflected patients felt they were able to contact the service easily and had choice about when to come for their treatment.

Concerns & complaints

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response**.** Staff told us patients were encouraged to raise any concerns with the practice at any time. However there was no information about how to raise a concern or make a complaint in the patient information pack or on the practice website. The practice manager confirmed they would ensure this was addressed as soon as possible.

The practice had received two complaints in the last 12 months which had been responded to promptly. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

Our findings

Governance arrangements

The practice had clear governance arrangements in place for monitoring and improving the services provided for patients. These included the role of the principal dentist as provider and clinical director; and the input from the visiting clinical director for research and development. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager had responsibility for the day to day running of the practice and was registered with CQC as the registered manager. A full time receptionist supported the practice manager to maintain the service's policies, checks and audits for the smooth and safe running of the practice.

Staff we spoke with were aware of their roles and responsibilities within the practice.

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 fire, exposure to hazardous substances and medical emergencies. The assessments were reviewed annually and included the controls and actions to manage risks. The practice maintained detailed records regarding the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. This had been reviewed in February 2015.

Leadership, openness and transparency

There were a range of meetings held in the practice, including clinical discussions between dentists and dental nurses, governance meetings between the clinical directors and management meetings between the practice manager and principal dentist. The practice manager and principal dentist ensured policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, environmental cleaning and consent to treatment.

Informal meetings were held with the team as required and formal time was allocated to complete team training, for example for emergency resuscitation and basic life support. However the practice did not keep formal records of the meetings held. Formal minutes support staff unable to attend meetings and provide a clear audit trail of communication. The practice manager told us the most recent staff survey had identified communication within the team as an area for development and they would be addressing this as soon as possible.

The principal dentist and practice manager provided clearly defined leadership roles within the practice.

Management lead through learning and improvement

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists, dental nurses and dental technicians working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff were up to date with their professional registration.

The practice manager attended training in 2015 to support them introduce a system of staff appraisals, including professional development plans to identify learning and development needs. This was scheduled to take place over the next three months.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made. The patient record audit in November 2014 identified that records should contain justification for carrying out an OPG and details about the consequences of the patient not adhering to oral hygiene and smoking cessation advice. Our review of records found these had been acted upon.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out patient surveys very four months and

Are services well-led?

continuously reviewing patient comments made through their website. The most recent patient survey in January 2015 showed a high level of satisfaction with the quality of the service provided. The practice had a suggestions box in the waiting room.

The practice conducted a staff survey in January 2015.The staff survey indicated staff were happy working in the practice. Suggestions regarding for example, introducing formal annual appraisals for all staff and an induction programme for newly employed staff had been acted upon.