Care Quality Commission

Executent Limited

Clare Street Dental Centre

Inspection Report

Clare Street Dental Centre
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Overall summary

We carried out an announced comprehensive inspection on 2 September 2015 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Clare Street Dental Centre is a small practice located in the centre of Bristol. It provides NHS and private general and cosmetic dentistry to people living or working in the area. The practice has three general dentists and two dental hygienists. There are payment systems available, such as Denplan, for patients to pay for treatments. The dental centre is open Monday – Friday from 9am – 5pm but closes for lunch between 1pm-2pm daily.

There is a registered manager in place, 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.

We reviewed seven comment cards that had been completed by patients. The comments made praised the treatment provided and the staff team .Patients said they received professional, caring and compassionate care in a very friendly and clean environment. They used comments such as 'first class service' and 'excellent' to describe their experience of the practice.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.

Summary of findings

- We found all treatment rooms well planned and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines and was led by a proactive management team.
- During our visit we observed staff were kind, caring, competent and put patients at their ease.

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

- Ensure through the record audit process the General Dental Council standards for records are fully implemented.
- Review the accessibility of the isolation switch for x-ray equipment installed for patient safety.

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 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. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment with an excellent staff skill mix across the whole practice. The equipment used in the dental practice was well maintained and in safe working order. There were robust systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Risk management processes were in place to manage and prevent harm.

Are services effective?

We found this practice was providing effective care in accordance withthe relevant regulations.The practice provided evidence based dental care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff understood the Mental Capacity Act and offered support when necessary.

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations as feedback from patients through comment cards was positive about their experiences of dental care provided at the practice. Patients told us they were listened to, treated with respect and were involved with the discussion of their treatment options which included any risks, benefits and costs. Patients were contacted after receiving treatment to check on their welfare. Patients who required emergency dental treatment were responded to in a timely manner and always on the same day. We observed the staff to be caring and committed to their work. Patients told us about the positive experiences of the dental care provided at the practice such as being involved in decisions about their treatment and were provided with sufficient information to make an informed choice. Patients said staff displayed empathy, friendliness and professionalism towards them. We found staff spoke with knowledge and enthusiasm about their work and the team work at the practice which contributed to good outcomes for patients.

Are services responsive to people's needs?

We found this practice was providing responsive care in accordance with the relevant regulations. The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. Patients told us through comment cards the practice staff were very responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The practice had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The practice handled complaints in an open and transparent and way and apologised when things went wrong. The complaints procedure was readily available for patients to read in the reception area and on the practice website.

Summary of findings

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations. There was a management structure in place and staff understood about their responsibilities. The provider and registered manager were always approachable and the culture within the practice was open and transparent. Staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the registered manager. The dental practice had effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and make improvements in procedures. 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 registered manager and provider ensured policies and procedures were in place to support the safe running of the service. Regular staff meetings took place and these were recorded. All staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Clare Street Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 2 September by a CQC inspector and a dental specialist advisor.

We asked the practice to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

On the day of our inspection we looked at practice policies and protocols, dental patient records and other records relating to the management of the service. We spoke to the registered manager and the practice manager, three dentists and two dental nurses. We also reviewed seven comments cards completed by patients.

We informed NHS England area team / Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

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

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary. A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) and the practice routinely used safety needles to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK, this included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. We found the practice did not have an automatic external defibrillator (AED). [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]. However we subsequently received confirmation from the provider of the purchase of this equipment.

Records showed all staff had completed training in emergency resuscitation and basic life support. Update training was planned for 24th September 2015. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

We reviewed the employment files for newly recruited staff members. We saw CVs were used to demonstrate suitability, experience and employment history including references, copies of qualification and training certificates, immunisation status and evidence of professional registration with the General Dental Council. Where required, checks with the Criminal Records Bureau (now the Disclosure and Barring Service) had been carried out. The Disclosure and Barring Service (DBS) carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice did not have photographic evidence of identity for all staff although this had been checked as part of the application for a DBS check. This was raised with the registered manager who stated they would take appropriate action. The record of one practitioner on the performers list was also missing although the registered manager told us this had been requested.

The practice had a written recruitment protocol; however the registered manager explained they used an agency for assistance in recruiting staff. The qualification, skills and experience of each employee had been fully considered as part of the interview process. We also saw the practice had a pre-employment checklist and specific induction for staff. When we spoke with staff they confirmed this had been followed.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Two fire marshals had been appointed, fire safety equipment had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH)

Are services safe?

regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included server failure and access to the building. The document also contained relevant contact details of people to whom staff could refer. For example, contact details of the alternate practice to send patients for emergency treatment.

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, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM 01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff. We saw the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' We observed there was an instrument transportation system, using lidded boxes, in place to ensure the safe movement of instruments between sessions. The registered manager explained to us how instruments were decontaminated and sterilised. They wore suitable protective clothing whilst instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine). We saw an illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments written by the practice. We observed instruments were placed in pouches after autoclave 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 according to the guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, well lit with good ventilation.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. Patients were given a protective bib to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

Records showed a risk assessment process for Legionella. 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).

There was a good supply of 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. This took into account national guidance of colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

Are services safe?

There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates which showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were displayed. 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. We were shown how the practice monitors the quality of radiographs so that patients did not receive unnecessary exposure to radiation. We observed the isolation switches for the x-ray equipment were positioned outside of the treatment rooms but at a height level with the top of the door frame. We asked the registered manager to consider lowering the height of the switches to facilitate easy access in an emergency.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant. Patient records indicated reasons for radiographs being taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found patient assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) standards. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. The assessment was recorded alongside use of alcohol and tobacco. These measures demonstrated a comprehensive process of risk assessment was undertaken for oral disease.

The dentists assessed each patient and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice standards. They also recorded the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. We were told about the clinical meetings at the practice to cascade training which individuals had attended such infection control updates.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a 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 practices in improving their patient's oral and general health].

The practice asked new patients to complete a new patient health questionnaire which included further information for health history, consent and data sharing guidance. The practice invited patients in for consultation with one of the dentists for review. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Information displayed in the waiting area promoted good oral and general health. This included information on healthy eating, diabetes and tooth sensitivity.

Staffing

Practice staffing included clinical, managerial and administrative staff. Training records showed staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included topics such as responding to medical emergencies and infection control. We found staff were up to date with their yearly continuing professional development requirements and they were encouraged to maintain their continuing professional development (CPD), to maintain their skill levels.

There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff were able to relate to the induction process during the course of our discussions with them. All staff had undergone an appraisal to identify training and development needs and confirmed to us training for professional development was supported by the provider.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of another healthcare professional who was experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using the NHS referral process.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We observed patients signing for consent to treatment using and electronic signing system which transferred automatically to the patient record. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. We observed this through the

Are services effective?

(for example, treatment is effective)

discussion between staff and patients. The practice asked patients to sign specific consent forms for some dental procedures to indicate they understood the treatment and risks involved.

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. They told us children of this age could be seen without their parent/ guardian and the dentist told us they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test. The practice ensured valid consent was obtained for all care and treatment.

Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. When we reviewed patient records we found evidence that consent for treatment was always recorded however the discussion about options was not always fully recorded. This was raised with the registered manager to be included in the audit of patient records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the practice. All of the comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice. We also saw the practice had initiated the NHS Friends and Family survey; we read two completed cards which indicated patients would recommend the practice; one patient had commented they had already done so.

Staff told us consultations and treatments were carried out in the treatment rooms. We noted the treatment room doors were mostly closed during consultations and conversations taking place in these rooms could not be overheard. We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm, professional manner. Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance for nervous patients. They told us they could access an empty treatment room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

The provider and staff explained to us how they ensured information about patients using the service was kept confidential. Patient's clinical records were stored electronically; password protected and regularly backed up to secure storage. The practice had electronic records for all patients; paper records had been scanned onto the electronic record. The practice had an external backup for their computerised record system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room. Patients told us they were always treated with respect by caring and patient staff.

Involvement in decisions about care and treatment

We observed patients were requested to complete medical history forms and staff told us patient's medical status was discussed with them in respect of decisions about the care and treatment they received. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

The provider told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw a range of these available in the treatment rooms. Information leaflets gave information on a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, veneers, crowns and bridges was accessible on the practice website. A treatment plan was developed following examination of and discussion with each patient. We observed staff taking time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

We looked at some examples of written treatment plans and found they explained the treatment required and outlined the costs involved. The dentist told us they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed. We were told patients who had received more complex treatments were always followed up with a phone call by the relevant clinician to monitor their welfare.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had 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. Patients with emergencies were assessed and seen the same day if treatment was urgent.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they could contact a telephone translation service.

The practice had recognised the needs of different groups in the planning of its services. Patients with disabilities and patients with pushchairs were able to access services which were on the ground floor of the building. Easy access via a ramp was provided for entry into the building. The practice also had an accessible toilet available for all patients attending the practice. No parking was available at the practice.

Access to the service

Appointments were available from 9am – 5pm Monday and Friday. The practice closed at lunchtime between 1-2pm. The length of appointment was specific to the patient and their need, for example, nervous patients could be booked a longer appointment so they could be reassured and not rushed.

We asked how patients were able to access care in an emergency or outside of normal opening hours. Where treatment was urgent patients would be seen the same day if necessary. We looked at the appointment diary on the day of our visit and urgent appointment slots were available during the day if needed. Comments received from patients indicated patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice without exception. Staff told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included contact information as did the treatment plan given to patients.

Concerns & complaints

There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the practice waiting room and on the practice website. 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 designated responsible person who handled all complaints was the registered manager.

We reviewed the practice complaint system and noted only one patient complaint had been received over the past 12 months. We read the practice procedure for acknowledging, recording, investigating and responding to complainants and found there was an effective system in place which ensured there was a clear response and shared learning disseminated to staff about the event.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. The practice had a number of policies and procedures in place to govern activity and these were available to staff in the reception area. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the British Dental Association (BDA).

The registered manager had responsibility for the day to day running of the practice. The provider did not live locally but was available for decision making and contributed to the management of the practice as and when necessary. The provider and practice manager held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, a dentist was the clinical professional lead and the registered manager was the lead person for safeguarding.

Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how much they benefited from these meetings. For example, the recent meeting facilitated discussion about safeguarding. Clinical staff met informally on a daily basis to discuss treatment or clinical pathways, and discussed opportunities for more effective working or changes in guidance.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or registered manager who would listen to them We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team and worked as a team toward the common goal of delivering high quality care and treatment.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. The management of the practice was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the practice. The staff we spoke with told us the practice was supportive of training and professional development, and we saw evidence to confirm this.

The practice carried out regular audits of infection prevention and control in accordance with national guidance -HTM 01-05 standards for decontamination in primary care dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were managed well. A programme of audits ensured the practice regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the clinical records had been regularly audited and we were told the findings discussed as a team so that any improvement actions needed could be identified and taken. This audit had been undertaken in August 2015 and had identified gaps in recording soft tissue examination. We also saw this when we reviewed patient records. We discussed this with the registered manager who agreed to monitor this more frequently to ensure good practice was implemented.

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

There was a system in place to act upon suggestions received from patients using the service. We saw patients had been given the opportunity to complete the friends and family survey.

The practice conducted regular scheduled staff meetings as well as daily -unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.