

Dr. Benjamin Aaron

The Terrace Dental Practice

Inspection Report

61-63 Church Street,
Padiham, Burnley,
Lancashire, BB12 8JH

Tel: 01282 775552

Website: www.theterracedentalpractice.com

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Overall summary

We carried out an announced comprehensive inspection on 28 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Located in Padiham, The Terrace Dental Practice provides mainly NHS routine and preventative dental care services

to adults and children. The practice also provides private dental treatment. The dental team includes three dentists, supported by five dental nurses and two receptionists. The practice had been adapted to accommodate the needs of patients with a disability, including a ground floor surgery. The practice is a member of the BDA good practice scheme. Parking is available close by.

The practice is open Monday to Thursday from 08:30 to 17:00 and Friday from 08:30 to 15:30. It closes for lunch each day from 13:00 to 14:00.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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 16 CQC comment cards on the day of our visit; patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- The practice had a proactive approach to governance and quality assurance.
- The practice used the outcome of audit and incidents to make improvements to the service.

Summary of findings

- The practice was well organised, visibly clean and free from clutter.
- An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning and to discuss the outcome of audit.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council (UK).
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and sensitive manner.
- The practice was actively involved in promoting oral health.

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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Relevant risk assessments were in place for the practice.

No action



Are services effective?

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

Dentists referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and CPD.

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 16 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Staff had access to telephone interpreter services if required and the practice provided a range of aids for different disabilities including a lowered reception area, hearing loop, hand rails and a toilet which could accommodate mobility aids.

No action



Are services well-led?

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

The registered provider was responsible for the day-to-day running of the service. The practice had a proactive approach to governance and quality assurance. The outcome of audit and analysis of incidents was used to make improvements to the service.

A comprehensive audit programme was in place, including infection prevention and control, X-rays and dental care record audits.

Staff were clear about their roles and responsibilities. Each had specific topic leads within the practice and fulfilled those roles effectively.

Staff said there was an open culture at the practice and they felt confident raising any concerns, particularly at the monthly practice meetings.

The registered provider was a member of the Local Dental Committee and took this opportunity to network with other dental professionals, discuss issues affecting dentistry, share information and share resources.

The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and patients.

No action



The Terrace Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 28 November 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the registered provider, a dentist and a dental nurse. We reviewed policies, protocols, certificates and other documents as part of the inspection. We also had a look around the building.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a contract in place with an external company that specialised in health and safety so used the company's accident and incident reporting system, including reporting processes for significant events. Detailed records were maintained for every incident, including very minor incidents. It was evident from the records that improvements following the outcome of investigation into incidents was taken into account and was discussed at practice meetings.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). A list of the types of RIDDOR reportable events was available for staff.

The registered provider received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). If the alert was relevant to the operation of the practice then it was shared with the staff team. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

The registered provider and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the principles Duty of Candour principle which states the same.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A sharps policy and risk assessment was in place and these were being regularly reviewed. A flowchart was in place for staff to follow in the event of a sharps injury. The registered provider advised us that the flowchart had been developed in conjunction with the Local Dental Committee (LDC). The LDC represents dentists in a defined geographical area and provides guidance for dentists who have a contract to provide NHS dental services. The registered provider confirmed a re-sheathing device for needles was used at the practice.

The registered provider told us they routinely used a rubber dam when providing root canal treatment to patients in

accordance with guidance from the British Endodontic Society. We confirmed this when we looked at dental records. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

A contract was in place with a specialist external company in relation to safeguarding. The company supported the registered provider with developing bespoke child and adult safeguarding policies for the practice, and flowcharts about how to report a concern. We observed these flowcharts displayed. We reviewed the practice's policy for adult and child safeguarding and noted that they contained contact details for the local authority child protection and adult safeguarding teams. The registered provider was the safeguarding lead and had received level two safeguarding training. The remainder of the staff were up to date with safeguarding training. Staff we spoke with were confident they would know what to do should the need arise.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or had the option of using the listed external contact number. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received basic life support training from an external company in October 2016, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Are services safe?

The practice kept medicines and equipment for use in a medical emergency. These were in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were located.

A member of staff had the lead for ensuring weekly emergency equipment and medicines checks were undertaken. We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were routinely checked each week. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

A member of staff was identified as the bio-hazard lead for the practice. Mercury and bio-hazard spillage kits were in place in the event that staff should need to use them. The registered provider confirmed that the practice had not needed to use these.

Staff recruitment

We reviewed the recruitment file for the three most recently recruited members of staff to check that they had been recruited appropriately. The files contained all required documents including proof of identity, qualifications, immunisation status, references from previous employment, GDC registration and a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

The registered provider advised us that when the practice was short of staff then they had used an agency; this had only occurred twice in the last 12 months.

Monitoring health & safety and responding to risks

We reviewed various risk assessments relevant to the practice. A risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date and the registered provider confirmed the

COSHH file was reviewed if there were any changes to the products used and particularly if a new product was introduced. We found the practice had in place risk assessments for the COSHH products and safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident.

The registered provider gave us an example of how an incident was managed when a patient had an adverse reaction to a COSHH product; this involved contacting the manufacturer and appropriately reporting the incident. Measures had been put in place to minimise such an incident happening again.

A fire risk assessment was in place for the premises and two members of staff were identified as fire marshals. A detailed evacuation plan was in place along with routine checks to ensure fire systems were working correctly. A record of the six monthly fire drills was maintained. We observed that the last drill took place in July 2016.

The registered provider was the lead for health and safety. A health and safety policy was in place. We saw that a detailed environmental audit which covered all aspects of the practice, including equipment was undertaken every six months.

Infection control

One of the nurses was the dedicated lead for infection prevention and control (IPC), including decontamination. We observed the nurse decontaminating instruments in the dedicated decontamination room. The dental nurse outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were exceptionally clean. Drawers and cupboards were well organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Are services safe?

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in 2015. Processes were in place, such as monthly temperature checks of all water outlets to ensure water temperatures were within safe temperature parameters.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and the registered manager confirmed that all types of waste, including sharps, gypsum and amalgam was collected on a regular basis.

The practice had a contract with a cleaning company to carry out routine cleaning of the premises. We observed different coloured cleaning equipment that followed the National Patient Safety Agency guidance was used. It was correctly and safely stored.

An Infection Prevention Society (IPS) audit was carried out every six months. We saw that an action plan was produced after each audit and the actions identified were addressed.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclaves and the compressor. Portable electrical appliances were tested in July 2015 to ensure they were safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Prescription pads were kept securely.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and Health and Safety Executive notification. Maintenance certificates were contained in the file. Local rules were located next to the equipment. A radiological audit had been completed in May 2015.

We saw that the dentists were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. We saw audit results from January and October 2016 for the dentists and these were in accordance with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care. The dental records we looked at were of an exceptionally high standard and very detailed. A comprehensive medical history form was completed with patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed inductions for the most recent members of staff to join the practice.

Staff were required to undertake routine and regular training. This included training in basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). They also said the registered provider supported them if they wished to develop additional skills and undertake further training. For example, one of the nurses was skilled in delivering oral health education and applying fluoride varnish.

Staff received an annual appraisal and the registered provider showed us evidence to confirm these took place. Staff confirmed that CPD and training needs were discussed at appraisal.

Working with other services

The registered provider confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. The receptionist followed up on referrals to monitor their progress.

Consent to care and treatment

We spoke with the registered provider about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentist explained how individual treatment options, risks, benefits and costs

Are services effective?

(for example, treatment is effective)

were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

The registered provider and staff were clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to

their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

The registered provider confirmed that the MCA was discussed specifically at a practice meeting and that they watched a related NHS video to aid their understanding. The registered provider described how some patients had needs in relation to capacity and that they were always supported at appointments by a family member.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 16 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. We noted specific comments about how well the practice supported patients who were nervous.

The registered provider outlined the approach used with treating children. This was not only very child-friendly, but would support in avoiding or reducing anxiety a child may be experiencing.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patient's confidential information could not be viewed by others. We

saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

The registered provider was the Caldicott Guardian for the practice. Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency out-of-hours contact details, the complaint procedure and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The registered provider confirmed that patients needing an urgent appointment were always seen on the day they contacted the practice even if this meant that they had to wait.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group. A disability access audit was completed when the practice first opened in 2012. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. Adjustments had been made to the premises to accommodate patients with mobility and auditory needs. A grab rail had been fitted by the front door. There was a lowered area at the reception desk, a hearing loop for patients with auditory needs and an accessible toilet. Staff had access to a translation service where required.

Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

A member of staff was the lead for handling complaints. A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting areas.

The practice received one complaint in the last 18 months. We saw records that showed the complaint had been effectively and sensitively managed with a positive outcome.

Are services well-led?

Our findings

Governance arrangements

The registered provider was responsible for the day-to-day running of the practice. Staff told us the practice was very well organised and managed. They said they were clear about their role, responsibilities and accountability. They each had lead responsibilities within the practice. Staff leads were established for: COSHH; infection prevention and control; safeguarding; organising practice meetings; staff rotas; bio-hazard; fire; first aid; health and safety; complaints and undertaking regular checks of the environment and equipment.

The practice was a member of the British Dental Association (BDA) good practice scheme.

The registered provider took a proactive approach to governance and quality assurance. This was evident in the way the practice was assessed and monitored to improve the quality of the service and ensure high standards of care delivery. Governance arrangements included a framework of regularly reviewed operational policies and procedures, risk management systems and an extensive programme of audit.

The registered provider used an electronic calendar system that provided alerts when activities were due to be undertaken, such as when equipment checks, audits and staff training were due. This system worked effectively as all quality assurance activities had taken place when they should have.

Policies were detailed, clearly bespoke to the service provided and were regularly reviewed to reflect changing national guidance. Staff had signed to indicate they had read and understood each policy. Risk management processes were in place to ensure the safety of patients and staff members and they were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, sharps injuries and the use of the autoclave.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of practice meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional and timely manner.

We were told there was a no blame culture at the practice. Staff said they felt confident raising issues and told us the registered provider was approachable, would listen to their concerns and act appropriately. The practice held monthly meetings involving all staff members and we observed that a record was made of each meeting.

Staff told us the registered provider was accommodating to their personal and family needs. This included supporting staff to work flexible hours.

Learning and improvement

A comprehensive programme of clinical and non-clinical audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: failed attendance for appointments; referrals; dental records; radiography; nerve blocks; restorations (crowns); basic periodontal examination and infection prevention and control.

The audits we saw were detailed with results and further action clearly indicated. For example, as a result of the failed attendance audit the registered provider put in place pre-appointment text reminders for patients and this action had supported with improving the attendance rates.

The outcome of audits was discussed with staff at the practice meetings and staff were involved in exploring options to address any actions resulting from audit. We noted from the meeting minutes that the failed attendance audit was discussed at the practice meeting in June 2016.

The registered provider had been an active member of the Local Dental Committee for the last 12 years; a local forum that is a point of contact between local dentists and the local area dental team. It also supports networking between dental professionals, discussions affecting dentistry and the sharing of information. The registered provider said the LDC facilitated events for CPD.

Are services well-led?

The registered provider had been an educational advisor for the last 11 years and had been appointed by the deanery so could accommodate foundation dentists at the practice. A foundation dentist was working at the practice at the time of the inspection.

The registered provider showed us their plans to improve the practice, including upgrading the decontamination room, and creating a separate reception and waiting area to enhance privacy and confidentiality for patients.

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

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The practice also carried out its own annual survey. Patients were invited to complete a feedback questionnaire and the results were analysed and presented in a report format. Patient comments were included to add a qualitative element to the report. The survey was undertaken at a different time each year to ensure all patients had an opportunity to participate.

A suggestion box for patients to comment on ways to improve the practice was located in the waiting area.