Mr Stefanos Thomaidis

Park House Dental Practice

Inspection Report

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Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection on 3 December 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 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

Summary of findings

Park House Dental Practice is situated in Accrington providing dental care and treatment to approximately 14.700 patients. The practice provides a wide range of treatments for predominantly NHS (95%) patients with a smaller amount (5%) of patients attending for private dental care. There is easy access from surrounding areas by public transport links. Parking is available on the road opposite the practice and in surrounding side roads. There is a principal dentist and four associate dentists working at this location and the four treatment rooms are at ground floor level.

The practice manager is the registered manager. 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 received feedback from 15 patients and all of the feedback was very positive. Patients' commented about the politeness, professionalism and friendliness of the staff and the cleanliness of the practice.

Our key findings were:

- There were appropriate infection control procedures in place to minimise the risk and spread of infection.
- Patient's needs were assessed and care was planned and delivered in line with current best practice guidance for example from the National Institute for Health and Care Excellence.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- There was appropriate equipment available for staff to undertake their duties and the equipment was well maintained.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. This included an automated external defibrillator. An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation. The application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm. Staff knew where equipment was stored and had been trained to respond to medical emergencies.
- All clinical staff were up to date with their continuing professional development.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- The practice had a clear vision for the services it provided and staff told us they were well supported by the management team.
- Equipment, such as the autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had a system in place to record and analyse significant events, safety issues and complaints and to cascade learning to staff.

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 safeguarding procedures in place systems in place in relation to child protection and safeguarding adults that may be vulnerable. There were a range of policies available for staff including; infection prevention control clinical waste management, management of medical emergencies at the practice and dental radiography (X-rays).

The practice had a system in place to record and analyse significant events, safety issues and complaints and to cascade learning to staff.

Complaints were dealt with in an open and transparent way by the service and apologies given if a mistake had been made.

Are services effective?

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

Patients' dental care records were detailed and contained information about current dental needs and previous treatment. Patient's oral health was monitored and where necessary referrals for specialist treatment or investigations were made in a timely manner.

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Where relevant, preventative advice was given this included smoking cessation advice and general dental hygiene procedures.

Staff, who were registered with the General Dental Council (GDC), were supported with their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The patients we spoke with told us they were treated with respect and compassion. They told us that staff were understanding, informative and sensitive to their needs.

All consultations took place in private treatment rooms which were situated on the ground floor of the building enabling disabled access.

We observed that staff were respectful and showed compassion and kindness at all times. If patients wanted to discuss something privately staff would take them away from the reception area into a treatment room or office.

Are services responsive to people's needs?

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

Appointment times and availability met the needs of patients. The practice had clear instructions for patients requiring urgent dental care when the practice was closed with details of the NHS '111' out of hours service available.

Emergency appointment slots were available each day. Patients with dental pain were seen on the same day or within 24 hours of contacting the practice.

Summary of findings

The practice had a complaints policy and information for patients about how to complain was available in the reception area and we saw that the practice responded to complaints in line with their policy.

The practice had access to a language interpretation service to support patients for whom English was not their first language.

Are services well-led?

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

There was a defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. Health and safety risks had been identified which were monitored and reviewed regularly.

The practice had a system of clinical and non-clinical audits in place such as; dental care records and the quality of X-ray images, infection control and general cleaning. Regular practice meetings took place and these were minuted. Staff were provided with opportunities to maintain their professional development.

The practice sought the views of staff and patients. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty.

Park House Dental Practice

Detailed findings

Background to this inspection

We carried out an announced inspection on 3 December 2015. This inspection was carried out by a CQC Inspector who had access to remote advice from a specialist advisor.

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

The practice sent us their statement of purpose, a summary of complaints they had received in the last 12 months and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the practice manager and principal dentist. We toured the practice and reviewed emergency medicines and equipment. We observed interactions between staff and patients in the waiting area.

We reviewed 15 completed CQC comment cards sent to the practice two weeks prior to the inspection and we looked at comments posted on the NHS Choices website. Patient's feedback about their experience at the practice was overwhelmingly positive.

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 staff we spoke with were aware of the process for accident and incident reporting and understood their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had not had any RIDDOR incidents over the past 12 months.

The principal dentist and practice manager understood their responsibilities under the Duty of Candour regulation (Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity). They told us if there was an accident or incident that affected a patient they would apologise and take appropriate action to ensure there were no reoccurrences. The patient would be informed of the actions taken as a result.

We found that risk assessments in relation to the environment and fire safety had been carried out and were last reviewed in August 2015.

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 policy was readily available to all staff and included contact details for the child protection team and adult safeguarding teams. The principal dentist was the safeguarding lead for child protection and adult safeguarding. All Dentists had completed safeguarding training to level two.

We found that dentists used a rubber dam when carrying out root canal treatments. The British Endodontic Society provides guidance which states that root canal treatment procedures should be carried out only when the tooth is isolated by a rubber dam (a rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site (one or more teeth) from the rest of the mouth). It prevents contamination, inhalation and ingestion of instruments and prevents irrigating solutions escaping into the oral cavity.

The practice had safety systems in place to help ensure the safety of staff and patients. 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

There were arrangements in place to deal with medical emergencies at the practice. Emergency oxygen was in a central location known to all staff. There were emergency medicines and equipment available for use in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF). We checked the emergency medicines and found all medicines were within their expiry date. We saw records to show that the drugs were checked monthly to ensure they did not go past the expiry date.

The practice had an automated external defibrillator on site for use in the event of a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw staff had been trained to respond to medical emergencies. All of the staff had attended cardiopulmonary resuscitation in November 2015 which included how to use an AED.

Staff recruitment

The practice had a recruitment policy for the employment of new staff. We reviewed a sample of seven staff recruitment files and found appropriate checks had been made before staff commenced employment. This included evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service 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 recruitment files included a curriculum vitae (CV), employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom.

Are services safe?

We saw the majority of dental nurses had completed their training at the practice and had stayed on once they had qualified. All new staff underwent an induction period to familiarise themselves with the policies and safety procedures.

The dentists and registered dental nurses' recruitment files contained copies of current registration certificates and personal indemnity insurance (indemnity insurance - professionals are required to have this in place to cover their working practice). The principal dentists' public liability insurance had been renewed recently and was valid until December 2016.

Monitoring health & safety and responding to risks

We found a fire risk assessment had been conducted. A fire marshal had been appointed, fire

extinguishers had been serviced in August 2015 and staff were able to demonstrate to us they knew how to respond in the event of a fire. The fire risk assessment had been reviewed in November 2015 and fire drills were undertaken monthly. The most recent fire drill was in November 2015. There were also risk assessments in relation to health and safety August 2015 and an external contractor carried out a Legionella risk assessment in September 2015.

The practice had a well maintained Control of Substances Hazardous to Health (COSHH) file that contained information and risk assessments on all of the dental and cleaning materials used in the practice.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service such as a failure in the electricity or water supplies. The principal dentist had another practice in the area and patients would be seen there in the event of an emergency closure at Park House.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice manager through the post. These were disseminated to staff, where appropriate.

Infection control

A risk assessment for Legionella was carried out in September 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the practice were identified and preventive measures taken to minimise the risk to patients and staff.

The practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. An infection control policy was in place, which detailed how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. We toured the practice and found the environment was clean and clutter free.

There was a dedicated decontamination room with a clear flow from dirty to clean. One of the dental nurses showed us the steps they would undertake while cleaning and decontaminating instruments. Water temperatures were checked to ensure instruments were washed at the correct temperature. Used instruments were scrubbed in the designated 'dirty' sink. Instruments were then placed into the ultrasonic bath and then rinsed and examined under an illuminated magnifying glass to check for remaining contaminants. Instruments were then placed into the autoclave (autoclave – a high pressure high temperature machine) for sterilisation. Once sterilised the instruments were packaged, sealed and dated with an expiry date. Instruments designed for single use were not reprocessed and were appropriately disposed of after use.

We found the equipment used for cleaning and sterilising used instruments was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was in good working order.

There were policies and procedures in place in relation to; good hand hygiene, use of personal protective equipment, the segregation and disposal of clinical waste, sharps safety and dealing with spillages.

We found evidence to show that the water lines in the treatment rooms were flushed at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

There was a contract in place with a clinical waste carrier for the disposal of dental waste. We observed waste was

separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date. Clinical waste was safely stored between collections in locked bins inside a shed in the yard.

We saw evidence that the dentists and dental nurses had been vaccinated against Hepatitis B (Hepatitis B is an infection that can be transmitted through bodily fluids such as blood and saliva. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise the risk of blood borne infections).

Equipment and medicines

The practice had procedures regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. Prescription pads were securely stored and only stamped and signed at the point of issue. Medicines were stored securely either in a storage cupboard or within treatment rooms which were always kept secure when not occupied. The dentists checked the expiry dates of medicines before use. There was an effective stock control system in place to ensure medicines were used in order of expiry date.

There were systems in place to check and record that all equipment was in working order. We reviewed records that showed annual servicing and routine maintenance work occurred in a timely manner to ensure there was no disruption in the safe delivery of care and treatment to patients.

For example we found that portable appliance testing (PAT) had been completed in November 2015. PAT is the name of a process in which electrical appliances are routinely checked for safety. The autoclaves had been serviced in April 2015, Dental chairs had been serviced in July 2015, X-ray machines had been serviced and calibrated during October 2015 and the air compressor was serviced in July 2015.

Radiography (X-rays)

We reviewed the radiation protection file which was in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor (RPS). The file contained an inventory of equipment with evidence of maintenance logs and critical examination packs for the four machines along with the recommended three yearly maintenance logs.

We also saw the Health and Safety Executive (HSE) notification certificate. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were available in accordance with current guidance**.**

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying whether a patient might be pregnant.

We saw regular audits of the quality of X-ray images were taking place. The most recent audit was undertaken on 18 November 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

All patients were asked to complete a form detailing their medical history and any medicines or allergies. We saw in dental care records that the dentist reviewed this with the patient at each visit.

The practice kept up to date with current guidelines and research in order to continually develop and improve the clinical risk management systems. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine the frequency of recalls. This assessment included an examination of the condition of a patient's teeth, gums and soft tissues (including lips, tongue and palate) and the signs of oral cancer. Dentists told us they made patients aware of the condition of their oral health and whether it had changed since the last appointment. They gave each patient a treatment plan which included the cost involved where applicable.

We reviewed a sample of three dental care records and found that an assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). BPE scores were noted in the records and the dentist planned treatment around the score that was achieved. We found the justification, findings and quality assurance of X-ray images taken was recorded in the dental care records.

Health promotion & prevention

The staff were aware of the Department of Health publication 'Delivering Better Oral Health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Patients confirmed they were given information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

The staff group consisted of the principal dentist and four associate dentists. They were supported by four registered dental nurses and two trainee dental nurses (who also covered reception duties) and the practice manager.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council (GDC). Staff completed essential training, such as infection control, cardiopulmonary resuscitation (CPR), child protection and safeguarding adults who may be vulnerable.

All new staff underwent an induction to the practice that included familiarising themselves with the practices policies and procedures. The induction included a wide range of essential and appropriate topics such as emergency medicines arrangements and fire safety. Staff files contained information about registration and immunisation status.

We saw documentary evidence to show staff received an annual appraisal with the practice manager. We saw evidence of completed appraisals, which showed development and objectives for the year, had been discussed.

Working with other services

The practice worked with other professionals in the care of their patients. Patients requiring specialised treatment such as conscious sedation, complex oral surgery or orthodontics were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice to ensure they received all the necessary post – procedure care.

The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome of the treatment.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The staff we spoke with were aware of their responsibilities relating to consent in accordance with the Mental Capacity Act 2005 (MCA – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. Staff we spoke with told us that if there was any doubt about a patients' ability to give informed consent they would postpone treatment and involve relatives and/or carers in discussions to ensure that any decisions were made in the best interests of the patient.

The dentists we spoke with were also aware of and understood the use of Gillick competency in young persons (below the age of 16). Gillick competency test is used to help assess whether a child has the maturity to make their own decisions without the need for parental permission or

knowledge and to understand the implications of those decisions.

Treatment options, risks, 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 preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

None of the patients attending for appointments expressed a wish to speak to us on the day of the inspection. We received feedback from 15 CQC comment cards which patients had completed prior to the inspection. Patients were positive about their experience and they commented that staff were wonderful, caring, helpful and professional. Patients said they were treated with great respect, care and dignity. We observed staff were helpful, discreet and respectful to patients.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Staff we spoke with were aware of the importance of maintaining confidentiality.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients' were receiving treatment. Conversations between patients and dentists could not be heard from the waiting room which protected patient's privacy.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure they understood what treatment was available and were able to make an informed choice. The patients we spoke with told us the dentists explained the various treatment options so they could make an informed decision about their treatment.

Information in the 15 CQC comment cards indicated that patients were given clear explanations about the treatment options available. Patients commented that the staff listened to them and gave excellent information that enabled them to make informed decisions about their care.

The dentists used materials, such as models and pictures to help patients understand various treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Consultations and assessments were carried out in accordance with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines.

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots each day for each dentist to accommodate urgent or emergency appointments. Staff told us the majority of patients who requested an urgent appointment would be seen the same day or within 24 hours. Information was available to patients about how to access emergency dental treatment when the practice was closed.

There were systems in place to ensure equipment and materials such as dentures were received from the laboratory prior to the patient's appointment.

The dentists we spoke with told us longer appointment times were scheduled in for patients who were known to be anxious or nervous about their dental treatment. Feedback in CQC comment cards indicated patients were reassured and felt safe with the dentists.

Tackling inequity and promoting equality

There was an equality and diversity policy to support staff in understanding and meeting the diverse needs of patients. Staff told us patients for whom English was their second language usually attended with relatives who would interpret for them. The practice manager recognised the needs of different groups and would arrange access to a telephone translation service if this was required. One of the dental nurses also helped with translation for some patients.

The principal dentist had made reasonable adjustments in accordance with the Equality Act 2010 and provided easy access for patients with restricted mobility and patients who used wheelchairs or mobility scooters.

Access to the service

The practice was open from 8am to 6pm on Mondays, Tuesday, Wednesday and Thursday from 8am to 5pm and Friday from 8am until 12.30pm. The practice answer phone message detailed how patients could access treatment in the event of an emergency outside of normal opening hours. CQC comment cards showed patients felt they had good access to routine and urgent dental care.

The reception, waiting room, patient toilet and treatment rooms were on the ground floor. Patients who used a wheelchair or parents with pushchairs had good access into the practice. Doors and corridors were wide and all treatment rooms were sufficiently spacious to accommodate a wheelchair. There were disabled toilet facilities.

Concerns & complaints

The practice had a complaints procedure which provided patients with information about how to make a complaint. 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. There was a policy to guide staff in how to respond to complaints from patients.

We reviewed the complaint records and found there had been six complaints made in the last 12 months. We saw that these had been dealt with in line with the complaint policy and procedures. In order to learn and improve the quality of service provided the practice team discussed any complaints received during practice meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and this was demonstrated in the audits of patient's notes and regular reviews and updates of policies and procedures. We saw that staff had attended training on information governance in September 2015.

The principal dentist had a clear vision for the practice with arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were clear about the practice management structure and who to approach if they had any issues.

There were appropriate policies and procedures in place and arrangements for identifying, recording and managing risks through the use of risk assessments and audits. We saw the systems that were in place to monitor the quality of the service such as clinical and non-clinical audits. These included audits of infection control, patient records and X-ray quality.

The practice held regular team meetings in order to share new information and discuss ways in which the service could be improved. The meetings were held approximately every three months and covered a range of issues including complaints and infection control and training. Staff told us they had the opportunity to raise issues at any time. We looked at the minutes of the most recent practice meeting held on 11 November 2015 and found issues such as training, safety and quality were regularly discussed. The regular team meetings promoted a culture of continuous improvement and learning.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty and staff told us they felt valued and supported by the principal dentist and practice manager. Staff told us that they would approach the principal dentist or practice manager if they had any concerns about a colleagues practice.

The principal dentist and practice manager were aware of their responsibilities in relation to the Duty of Candour regulation (this regulation is to ensure that providers are transparent, open and honest and apologise to patients if there have been mistakes in their care that have led to harm).

Learning and improvement

Staff had access to policies and procedures, received regular training and told us that they were able to suggest ways of improving the service. Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

The dentists and dental nurses working at the practice were registered with the General Dental Council (GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians). Staff files demonstrated that staff were working towards completing the required number of continuing professional development (CPD) hours to maintain their professional registration with the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and X-rays, and audits of infection control.

National Patient Safety Alerts and notifications from the Medicine and Healthcare Regulatory Agency (MHRA) were acted on appropriately and cascaded to relevant staff. The practice manager ensured medical alerts were shared with staff.

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

Patient feedback was sought and we saw there was a suggestions box in the waiting room. The practice used the NHS Friends and Family Test (FFT this is a method of checking if patients would be likely to recommend the practice to friends and family). We reviewed the results to November 2015 and found all patients who completed the FFT said they would be likely or extremely likely to recommend the practice to friends or family.

We viewed comments left on the NHS choices website and saw that the practice manager responded to the comments that had been posted.

The practice also used a system of satisfaction surveys, and a suggestion box to gather patient's comments and complaints.

Are services well-led?

The staff we spoke with told us they enjoyed their work and were well-supported by the principal dentist, practice manager and their colleagues.