DHC D3NTAL LTD

Dental Health Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 September 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

Dental Health Care is a private dental practice situated in Hertford, Hertfordshire. The practice provides general dental treatment to adults and children.

The practice is situated in a converted period building and free parking is available on site.

The practice employs two dentists, a dental hygienist, a dental nurse and a practice manager who is also a qualified dental nurse. Currently a dentist is only available at the practice on a Monday and Tuesday, although the practice intends to extend this and is actively recruiting to affect this.

The practice is currently open Monday 8.30 am to 6 pm, Tuesday 8.30 am to 7 pm. On Wednesday the practice is closed but advice can still be sought via the practice mobile phone. Thursday and Friday the practice is open for enquiries only. Occasional Saturday appointments can be arranged in advance.

The principal dentist 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.

Summary of findings

18 patients provided feedback about the service by way of comment cards we left at the practice for the two weeks leading up to our visit. These were overwhelmingly positive and references made to the excellent advice received and how friendly and professional the staff were.

Our key findings were:

- The practice was visibly clean and clutter free.
- Patients reported that staff were caring and helpful and that they were usually seen on time.
- Infection control standards met national guidance.
- A new patient appointment at the practice could be secured within two weeks.
- The practice had emergency medicines and equipment in line with national guidance.
- Clinicians used nationally recognised guidance in the care and treatment of patients.
- Recent staff changes had rendered some marketing as potentially misleading to the public. This was immediately rectified by the practice.
- The practice had a cone beam computered tomography machine. Recommendations from the Radiation Protection Advisor had not been met, and so the practice took the machine out of use until such time as standards were met.

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

- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment.
- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the practice's audit protocols of various aspects of the service, such as radiography to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had emergencies medicines and equipment in line with national guidance to treat medical emergencies. The practice had undertaken recent training in medical emergencies.

Infection control standards met the essential standards set out in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

We found areas where improvements should be made relating to the safe provision of treatment; the cone beam computered tomography machine did not meet national standards, and was immediately taken out of use by the practice until such time as standards are met.

No action ✓

Are services effective?

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

Staff were appropriately registered in their roles, and had access to ongoing training and support.

Dentists used nationally recognised guidance in the care and treatment of patients.

The practice carried out a comprehensive screening of the oral condition as well as soft tissues of the face and neck.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and it's relevance in obtaining consent for patients who may lack capacity to consent for themselves.

No action ✓

Are services caring?

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

The practice demonstrated how patient details were kept confidential. No paper records were kept on the premises that could be overseen.

Written treatment plans were generated for patients to consider including the costs involved in treatment.

Patient comments on the service were positive and indicated that staff were friendly and professional.

No action ✓

Are services responsive to people's needs?

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

No action ✓

Summary of findings

Although a dentist was only available at the premises two days a week, a trained dental nurse was available for patients to speak to and offer advice until 10 pm every day. The nurse would refer patients to a dentist where necessary. The number for this service was available on the answerphone.

The practice offered evening appointments once a week for both a dentist and a hygienist to offer flexibility to those patients who may have commitments during normal working hours.

The practice had a complaints policy in place. Complaints could also be made via a link on the practice's website (this functionality was established during our visit).

Are services well-led?

No action 

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

The practice had undergone recent changes in staff and employment of a new practice manager. The practice manager was in the process of overhauling the governance procedures for the practice and we were able to see areas where this was now in place.

Clinical audit was being used as a tool to identify where improvements could be made, although action plans were not always drawn up to effect improvements.

The practice was obtaining patient feedback, and using focussed surveys to ascertain patient reactions to changes in the practice.

Dental Health Care

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 19 September 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with four members of staff during the inspection.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place by which incidents were recorded, investigated and actions identified to prevent reoccurrence. A template was available for staff to record the details; this prompted staff to identify any learning and feedback to the team. The practice had not recorded and incident in the year before our visit so we could not see the process in action.

We spoke with the practice manager about their understanding of duty of candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The practice manager had a good understanding of this and how it would be applied in practise.

The practice did not receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA send information about equipment, product and medicine recalls. Following the inspection the practice signed up to receive these alerts.

The practice manager was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Forms were available for making a report, and a policy guided staff through the process. The accident book prompted staff to consider whether a report needed to be made when recording an accident.

Reliable safety systems and processes (including safeguarding)

The practice had systems and policies in place regarding safeguarding vulnerable adults and child protection. Policies dated 1 September 2016 were readily available in hard copy form for staff to reference. They included information on the types of abuse that may be seen and the procedures to respond to a concern.

Flow charts with useful contact numbers were displayed on the wall of the staff room to make accessing the information even easier.

Staff had received training in safeguarding appropriate to their role, and staff we spoke with were able to describe the actions they would take if they were concerned about a child or vulnerable adult.

The practice had an up to date Employers' liability insurance certificate which was due for renewal in September 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with a dentist in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that wherever possible rubber dam was used by the dentists at the practice, and we saw the equipment was available to fulfil this.

We spoke with staff about the procedures in place to reduce the risk of sharps injury in the practice. The practice used a system of safer sharps syringes. These allow a plastic tube to be drawn up over the needle and locked into place reducing the risk of accidental injury.

They also used a system of disposable matrix bands. A conventional matrix band has a thin metal strip in a holder that can be very sharp; it is used around a tooth when placing certain fillings. Removing the band from the holder carries a risk of injury. By using the fully disposable version staff were not put at risk removing the band. These measures met with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 Regulations.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, and in line with those recommended by the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and

included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The AED and Oxygen were checked by staff daily, and all other equipment and medicines for use in an emergency were checked weekly. This ensured that they would be available, in date, and in good working order should they be required.

The practice had undergone medical emergencies training together on 6 September 2016. We spoke with the newest member of staff who was able to point out where the medicines and equipment were stored.

Staff recruitment

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We were shown staff recruitment files for four members of staff in a variety of roles. All relevant information was in place, with the exception of a DBS check for a dentist, which was provided immediately following the inspection.

The practice had an employee handbook which had been recently written. This was given to all new employees and temporary employees to make them aware of certain policies and procedures within the practice. This included information on personal protective equipment, and the control of substances hazardous to health regulations.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy (which had been reviewed in September 2016) was available for staff to reference. This included details on electrical safety, fire safety, manual handling and personal protective equipment.

A general practice risk assessment had been completed on 15 September 2016 and covered health and safety risks on the premises. We saw that concerns that were raised in this document had started to be addressed by the practice manager.

The practice had arranged for an external company to complete a fire risk assessment. At the time of our inspection this had been completed, but the report had not been issued to the practice. Fire equipment on the premises had been inspected in August 2016, a weekly fire alarm test was logged, and fire drills were carried out six monthly. We spoke to staff about their actions in the event of a fire, and they were able to describe their responsibilities and point out the external muster point following an evacuation.

The registered manager had undergone fire awareness training in September 2014.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

We toured the practice premises and found a cupboard in the waiting room which contained cables and electrics was unlocked and as such was accessible to children who could injure themselves. The practice immediately arranged for the cupboard to be secured.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which had been reviewed in September 2016. This included hand hygiene, environmental cleaning, single use items and waste disposal.

Are services safe?

The decontamination process was performed in a dedicated decontamination room we observed the process being carried out by a dental nurse.

The decontamination room did not have a sink for handwashing; the nurse used the dedicated handwashing sink in the surgery next door to the decontamination room to wash their hands.

Instruments were cleaned and rinsed manually before being inspected, then sterilised in an autoclave. Sterile instruments were packaged and dated in a designated 'clean' area. The process met national standards for decontamination. Tests performed on the process to ensure its effectiveness were in line with the recommendations of HTM 01-05.

All clinical staff had documented immunity against Hepatitis B. Staff 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 contracting blood borne infections.

Equipment for environmental cleaning of the premises conformed to the national guidelines for colour coding cleaning equipment. Detailed cleaning schedules were in place to ensure cleaning met appropriate standards.

Staff wore a dedicated full uniform to see patients. Staff confirmed that they were given adequate numbers of sets to fulfil their role. The practice had recently purchased new uniforms for the dentists.

The practice had a waste contractor in place to remove clinical waste; we were shown waste consignment notes indicating clinical waste was collected every two weeks. Waste was stored in the clinical waste bin outside the premises; we examined the bin and found that although it was locked, it had not been secured to prevent the whole bin being removed. Following our visit the bin was secured.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in September 2014. We saw evidence that the practice were taking monthly water temperatures as recommended in the report. In addition the practice was carrying out quarterly dip slides. These are designed to measure and monitor microbial activity in the water.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out a range of dental procedures.

Two of the four treatment rooms were in use at the time of the inspection. The practice had undertaken recent servicing of the dental equipment (for example chairs, suction pumps and lights) in all of the treatment room in anticipation of them being in use again.

The compressor and autoclave had both been serviced and tested within the last year. Portable appliance testing had been carried out in September 2016 and the Oxygen cylinder had also been serviced.

Glucagon is an emergency medicine used to treat diabetics. This was being kept in the fridge, but the temperature of the fridge was not being monitored. The practice took immediate steps to store the medicine appropriately and account for the fact that the fridge temperature could not be assured.

Radiography (X-rays)

The practice had four intra-oral X-ray machines (one in each treatment room) which can take an X-ray of one or a few teeth on a small film. The practice also had a cone beam computered tomography (CBCT) machine in a separate X-ray room.

Three of the four intra-oral machines were out of use at the time of our inspection, but the practice were undertaking the appropriate testing and servicing to bring them back into use in the future. The intra-oral X-ray set that was in use had been appropriately serviced and tested within the last year. The practice displayed the 'local rules' of the X-ray machine on the wall, but these were not specific to each machine and did not contain schematics of the controlled zone for each machine. Following the inspection these were updated and made specific for each unit.

The CBCT machine was located in a separate X-ray room. There were not local rules specific to this machine, although these were put into place following the inspection. The machine had been tested recently, but we were not shown evidence of servicing.

The patient should be observed during the exposure; however this was not possible as the door needed to be closed to shield the operator. This had been raised by the Radiation Protection Advisor to the practice, but not yet

addressed. We raised our concerns with the registered manager and practice manager who volunteered to immediately stop using the machine until all regulatory requirements were met.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

The practice had a robust system in place to ensure clinicians were kept informed of any changes to the patients' medical history. Patients were required to fill out and sign a medical history form when they first attended the practice and again at six monthly intervals. In addition to this the medical history was verbally checked at every appointment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment, or possible referral to a specialist.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology. Comprehensive and detailed notes were kept in the dental care records.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

A decision of when the patient should be recalled for a check-up was based on risk factors and clinical need, and was in line with the principles of the National Institute for Health and Care Excellence guidance.

Health promotion & prevention

The practice demonstrated a commitment to health promotion. Medical history forms completed by patients detailed whether they smoked or drank alcohol, this information could be used to introduce a discussion on oral health. Smoking cessation advice was given to patients.

We found a good understanding of the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' were being applied when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Leaflets available in the waiting area gave advice on oral hygiene and gum disease; patients were able to take these away to read in their own time.

The practice offered free toothpaste samples to encourage patients to engage in their oral health.

Staffing

The practice was staffed by two dentists, a dental hygienist, a dental nurse and a practice manager (who was also a qualified dental nurse). At the time of our inspection they were actively recruiting dental nurses and dentists.

Prior to our visit we checked the registration of the clinical staff with the General Dental Council (GDC) and found that they were all appropriately registered with no conditions on their practice. The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians orthodontic therapists and dental technicians.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Clinical staff was up to date with their recommended CPD as detailed by the GDC including medical emergencies and radiography.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Urgent referrals for suspicious pathology were sent by post, but also followed up by a phone call to confirm that the referral had been received. In this way the patient could be assured of a timely response.

Routine referrals made for other reasons such as orthodontic treatment or minor oral surgery were not tracked by the practice although the patients were asked to contact the practice if they hadn't heard from the referral centre within a specified timeframe.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed discussions with the patients of the options available and the positives and negatives of each option. We were shown examples of these discussions recorded in the dental care records. Leaflets were available for patients to take away on certain clinical treatments for example: root canal treatment and wisdom tooth removal.

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. This was backed up by policies relating to treating adults that lack capacity. Most staff had received training in the Mental Capacity Act and how it applies in the practice setting.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments received from patients indicated that they are treated with respect, and staff are friendly and helpful.

We saw how patients' private information was kept confidential. The practice does not have paper records, and computers are password protected. At the reception desk the computer was positioned below the level of the counter and could not be overlooked by anyone at the desk.

The waiting room was adjacent, but separate to the reception area which served to increase the privacy of a patient at the reception desk. Staff described the importance of maintaining a patient's privacy over the phone and described situations that may arise and the importance of not giving away personal information to a caller.

These measures were underpinned by an information handling policy and a confidentiality agreement which had been signed by all staff.

Involvement in decisions about care and treatment

Patients were given a written plan for their treatment so that they were able to consider their options. This included the costs of treatment.

The private price list was available in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

We asked reception staff how soon a new patient could be given a routine appointment and were told that at the time of our inspection this could be arranged within two weeks.

The practice offered direct access to the dental hygienist for a 'cosmetic clean'. This meant that they could book to see the hygienist without seeing a dentist first. In this instance the hygienist only offered a superficial clean and could not carry out deep cleaning or diagnosis of a gum condition. Patients were made aware of this.

The practice offered evening appointments once a week for a dentist and the hygienist which gave flexibility for patients who had commitments during normal working hours.

The practice sent out reminders of appointments by text message. For the comfort of patients free wireless internet was available in the waiting area of the practice.

Recent changes of staff meant that practice marketing was out of date and could therefore be misleading. The practice took immediate steps to amend this and ensure that patients and the public were not misled in this regard.

The practice had made changes to the telephone system to ensure that patients could get through, this was verified by a patient comment that indicated that where it used to be difficult to get through to the practice, that had not been the situation recently.

Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs.

The practice was in the process of refurbishing the downstairs treatment room so that they would be able to welcome patients that use wheelchairs. Staff described how they assisted patients with limited mobility. This was underpinned by the practice's disability discrimination act policy which had been updated in September 2016 and was available for staff to peruse.

Access to the service

At the time of our visit the practice was open four days a week (Monday, Tuesday, Thursday and Friday) although there was only a dentist available two days a week (Monday and Tuesday). Although the practice were actively recruiting the advertised opening hours could have led patients to believe that they could be seen by a clinician on days where that was not possible. We discussed this with the practice manager who immediately made changes to the advertised opening hours to indicate that on a Thursday and Friday the practice was open for enquiries only.

Emergency appointments were available on a Monday and Tuesday. If a patient needed to be seen when a dentist wasn't available the practice would endeavour to make a dentist available to then as soon as possible, sometimes on a Saturday. Alternatively patients that had signed up to Denplan could be seen at another Denplan practice locally, and all patients could avail themselves of the NHS 111 service in an emergency.

Advice could be sought from the practice until 10 pm via the practice mobile number that was given on the answerphone.

Concerns & complaints

The practice had a complaints policy in place. This was displayed in the waiting room and contained the contact details for external companies that patients could contact should they remain dissatisfied after raising a complaint with the service. The practice website also had a link to raising a complaint, although this function was not working at the time of our visit. This was fixed during our visit so patients could raise a complaint easily through the website.

The practice had not received any formal complaints in the year preceding our visit. We discussed with the practice manager the steps they would take to investigate and resolve a complaint received. The practice manager demonstrated a good understanding of the steps involved and the duty of candour that exists in responding to complaints.

Are services well-led?

Our findings

Governance arrangements

The principal dentist (who was the registered manager) worked part time at the practice, for this reason the practice manager took responsibility for the day to day running of the practice. We noted in this small team that there were clear lines of responsibility and accountability established.

The practice manager was new to the service ad was in the process of overhauling all the governance arrangements at the practice. We recognised that some areas were a work in progress, but the practice manager and principal dentist demonstrated a clear vision of where they were headed.

The practice had policies and procedures in place to support the management of the service, some of these had been recently overhauled and although all had been recently reviewed the practice were in the process of replacing many of the existing policies. This work was not yet complete, although we were shown examples of where the work had already been carried out.

A business continuity plan was in place to consider the emergency arrangements should unforeseen circumstanced render the practice unusable for a period of time.

Leadership, openness and transparency

Despite some staff being new to the practice they reported an open and honest culture across the practice and they felt fully supported to raise concerns with the principal dentist or practice manager.

The practice manager was relatively new to the service and had been empowered by the practice owners to take on the governance and day to day running of the practice. They felt supported in this capacity.

A whistleblowing policy was available; this was dated 1 September 2016 and had been signed by all staff to confirm they understood their responsibility in this regard. The policy contained the details of external agencies through which concerns could be raised. The policy was also displayed in the staff rest area so that the information was at hand.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

The practice had completed an infection control audit on 20 June 2016. The audit previous to this was undated but was carried out prior to the new practice manager coming in. The June audit had raised some concerns and the action plan indicated where improvements needed to be made. These improvements had been implemented by the practice manager, and a follow up audit conducted immediately following our visit demonstrated the improvement with a higher score overall.

The practice carried out an ongoing audit of the quality of radiograph images, although this had not recently been reported upon, or an action plan put in place.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that most clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice manager was in the process of collating the staff training information. In order to be able to maintain oversight of all recommended training. The practice intended to start a formal process of appraisal to address the training needs of individual members of staff.

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

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out, most recently a focussed survey following a dental hygienist starting with the practice to ascertain the patient reaction to them.

A comments book was available on the reception desk; this had wholly positive comments about the practice.

The practice manager and principal dentist encouraged feedback from staff, which would normally be informally across this small team.