

## Hoe Street Dental Surgery Limited

# Hoe Street Dental Surgery

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 08 October 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**

The practice is situated in the London Borough of Waltham Forest. The practice is laid out on the ground floor and includes four surgeries, a dedicated

decontamination room, and a waiting room with reception area. Toilet facilities are not accessible to wheelchair users. There are plans to improve disabled access and facilities for staff as part of a planned refurbishment and extension of the premises in 2016.

The practice provides primarily NHS and some private dental services for adults and children. The practice offers a range of dental services including routine examinations and treatment, as well as some restorative and orthodontic treatment. The practice does not provide a sedation service. The principal dentist is registered with the GDC as a specialist in oral surgery. The practice is an approved vocational training practice and provides post qualification training for graduate dentists to enable them to join the NHS performers list in England and Wales.

There are five dentists working at the practice; three qualified and one trainee dental nurses; a hygienist; and one full time and one part time receptionist.

The practice is open between 9.00am 1.00pm and 2.00pm to 5.30pm Monday to Friday, and on Saturdays between 9.00am and 1.00pm by arrangement.

The principal dentist was the Registered Manager at the time of the inspection. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 completed comment cards. We also spoke with four patients on the day of our visit. All the patient feedback we received was positive, for example about the standard of care received, the caring and friendly attitude of staff, and the ease of getting an appointment.

## Our key findings were:

- There was a procedure for reporting incidents, and the practice learnt from incidents and complaints. However the dissemination of learning from incidents and resulting improvements to the service were not always formally documented.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- There were systems in place to decontaminate equipment, and reduce and minimise the risk and spread of infection.
- There were systems in place to dispose of waste appropriately.
- Staff were trained in basic life support, and understood how to act in an emergency situation. The practice had emergency medicines, oxygen and an automated external defibrillator (AED).
- Dental care records were stored securely.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients indicated that they felt they were informed about the treatment options available to them, and that they received good care.
- The practice received patient feedback through surveys and comments and complaints, and acted on it where possible to improve the service.
- The practice had carried out recent audits to review and improve the quality and safety of the services. However the dissemination of learning from audits and resulting improvements to the service were not always formally documented.
- The principal dentist had a clear vision for the practice and staff told us they were well supported by them.

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

- Review policy and procedures to ensure there is guidance for staff on handling notifiable safety incidents in accordance with the Duty of Candour.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocol for the sending of referral letters to ensure a consistent approach.
- Review the practice's protocols for incidents, audits and complaints so that that the dissemination of learning and improvements are formally documented.
- Review its audit protocols to improve and maintain the quality of radiography.
- Review the frequency of practice meetings to involve staff better in the operation and development of the practice.

# 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 systems in place to report and to learn from incidents. There was a safeguarding lead and staff had received relevant training. All staff understood their responsibilities in terms of identifying and reporting any potential abuse.

There were arrangements in place to deal with medical emergencies and staff had received annual cardiopulmonary resuscitation training. There were medicines, an automated electronic defibrillator (AED) and oxygen available to manage medical emergencies.

There were policies and procedures in place with regard to infection control. We observed the premises to be visibly clean and staff followed appropriate procedures to decontaminate equipment. Procedures in place to manage waste disposal appropriately.

We found that the practice had systems in place to ensure that appropriate recruitment checks were carried out and all staff training was reviewed and updated. The practice also had a system in place to ensure that equipment used at the practice was regularly serviced and well maintained.

However we found areas that required improvement relating to the safe provision of treatment. This was because the provider did not have systems in place to ensure a rubber dam was used for root canal treatments and procedures for re-capping needles did not reflect current guidance.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC. However we found areas that required improvement relating to the provision of effective treatment. This was because the provider did not have a system in place to ensure referral letters were sent out in a consistent way. Some dentists placed the responsibility for this on patients. Others posted the letters for patients.

### **Are services caring?**

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

We received positive feedback from patients through comment cards. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

### **Are services responsive to people's needs?**

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

# Summary of findings

Patients had good access to appointments, including emergency appointments, which were available on the same day.

The practice had access to interpreting services when required including British Sign Language. The practice did not have full disabled access but plans were in place to address this as part of a refurbishment and extension of the premises in 2016.

There was a clear policy in place which was used to handle complaints as they arose. Three complaints had been received by the practice in the past year. We saw that these had been dealt with promptly and in line with the practice policy.

The practice obtained and acted on feedback from patients where possible to improve the service.

## **Are services well-led?**

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

The practice had good clinical governance and risk management structures in place. These were well maintained and disseminated to all members of staff. A system of audits was in place to monitor and improve performance.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. However improvements could be made to ensure better dissemination of learning from incidents, audits and complaints and in documenting improvements.

# Hoe Street Dental Surgery

## 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 of Hoe Street Dental Surgery on 08 October 2015

The inspection was led by a CQC inspector, and they were accompanied by a dental specialist advisor and a second CQC inspector.

Before our visit we asked the provider to send us their Statement of Purpose, a summary of complaints received during the 12 months prior to our inspection and details of the staff employed at the practice, which we reviewed to help us plan our inspection. We also supplied the provider with CQC comment cards for patients to use to share their views and experiences of the service with us.

During our visit, we spoke with staff and patients who used the service, and reviewed a range of information including policy documents. We observed how people were being cared for, and reviewed the completed CQC comments cards patients had left for us.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place for reporting, recording and investigating adverse incidents and near misses and staff were aware of the policy and procedures. While the policy made provision for notifying the authorities where required, it did not make specific provision for meeting the requirements of the Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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].

Incidents reports were received by the principal dentist. Action was taken following an incident to improve safety where possible, for example drills to practice using oxygen in a medical emergency were introduced following an incident which highlighted the need for staff to become more familiar with this procedure. The principal dentist told us changes following an incident were communicated informally to staff concerned and this dissemination of learning was not formally documented.

Staff we spoke with demonstrated openness and transparency in dealing with events where something had gone wrong. They told us that as a part of their duty of care they would tell a patient if something had gone wrong if the patient was not aware of this, and offer the patient an apology and information and support.

Staff understood the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and there was a book for the recording of such accidents. There had been no such accidents reported in the 12 months prior to our inspection.

### Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard adults and children from abuse. The practice had a policy on safeguarding, which was accessible to all staff. However the contact number for the local safeguarding authority was not included in information posters on display for staff. The provider informed us staff were expected to find the most

up to date contact details using the internet because they were subject to change. The principal dentist was the safeguarding lead. All staff had been trained to level 2 in child protection and received update training annually. All staff were Disclosure and Barring Service (DBS) checked. Staff we spoke with demonstrated that they understood their responsibilities for safeguarding adults and children from abuse relevant to their role.

The practice had carried out a range of risk assessments and had implemented appropriate policies and procedures to keep staff and patients safe. For example, the practice had carried out fire and buildings risk assessments, which included a record of risks identified as well as action plans.

The practice completed a premises audit every six months. This was a system of checks of the external environment, including for example disability access; the internal environment (for example signage and maintaining patient confidentiality arrangements); the clinical environment (equipment and stock, hygiene); infection control and waste management; medical emergencies equipment and medicines; and radiological controls. The last audit was completed in July 2015. Areas for improvement identified by the audit were addressed.

Guidance supplied by the British Endodontic Society recommends the use of a rubber dam for root canal treatments. 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. Not all dentists at the practice always followed this guidance.

### Medical emergencies

There were arrangements in place to deal with medical emergencies. All staff received annual cardiopulmonary resuscitation training and there were emergency medicines available. The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks (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).. The practice carried out drills on using oxygen in an emergency. There was a first aid kit available. The plasters it contained were out of date and the provider undertook to replace these immediately.

# Are services safe?

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The oxygen and medicines we checked were in date.

## **Staff recruitment**

There was a recruitment policy in place. The records we reviewed for five members of staff included appropriate recruitment checks prior to employment. For example there were checks from the Disclosure and Barring Service (DBS) on file, references, and evidence of professional qualifications and registration.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies. The practice had assessed and noted hazards, and carried out a fire risk assessment.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products. Actions were taken to minimise these risks. COSHH products were securely stored. Product safety data sheets were also available for staff.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the principal dentist and disseminated to staff as necessary. The principal dentist was aware of the procedures for reporting adverse drug reactions.

There was a business continuity policy in place. This had been kept up to date with key contacts in the local area. There was an arrangement in place to use the premises of another practice in the event that the practice's own premises became unfit for use.

## **Infection control**

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of personal protective equipment, and the segregation and disposal of clinical waste. The principal dentist was the infection control lead.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. Occupational health arrangements were in place.

There were sufficient supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff. There were hand washing facilities in the treatment rooms and the toilets.

The practice had 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)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which ensured the risk of the spread of infection was minimised. However 'safer sharp's were not used. These incorporate a feature or mechanism which prevents or minimises the risk of accidental injury from cutting or pricking the skin. The principal dentist had placed an order for equipment (needle blocks) that would reduce the risk of injury when re-capping needles before the end of our visit.

We examined the facilities for cleaning and decontaminating dental instruments. The decontamination room was well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated the process for cleaning instruments. The nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. The practice used a system of ultra-sonic cleaning bath, and a washer disinfectant as part of the initial cleaning process. Following inspection of cleaned items, they were placed in an autoclave (steriliser). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The magnifier, used to inspect each instrument after cleaning was not illuminated.

Systems were in place to ensure that the autoclave and ultrasonic cleaning bath were working effectively. These included the automatic control test and steam penetration tests for the autoclave, as well as weekly residue and quarterly foil tests for the ultrasonic cleaning bath.



# Are services safe?

The practice employed domestic staff to carry out more general cleaning of the premises and there was a contract in place setting out cleaning schedules which the provider monitored.

We observed that sharps containers, clinical waste bags and municipal waste were properly stored. The practice used a contractor to remove dental waste from the practice and waste consignment notices were available for inspection.

The practice checked its infection control arrangements every six months as part of its regular premises audit. A full infection control audit in line with current HTM 01-05 guidelines was completed in July 2014. Areas for improvement were identified and addressed. Longer term plans included improving wall coverings and door thresholds with materials that were easier to disinfect as part of the planned refurbishment and extension of the premises in 2016.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM 01-05 guidelines. A current Legionella risk assessment was in place, expiry date March 2017.

## Equipment and medicines

We found that equipment used at the practice was regularly serviced and well maintained. For example, we

saw documents showing that the decontamination equipment, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable appliance testing (PAT) had been completed within the three years prior to our inspection, in line with the provider's policy.

## Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor for the practice and there was a Radiation Protection Adviser in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file, in line with these regulations, was present in each of the four surgeries. However, they did not record the current Radiation Protection Adviser. The provider agreed to amend the file. The files were otherwise complete and included the critical examination pack for the X-ray set, the three-yearly maintenance log, a copy of the local rules and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years with the next service was due in 2018. We saw evidence that staff were up to date with radiation training.

A separate radiographs audit had been discontinued and radiographs were being audited as part of the record card audit, most recently in July 2015. Our review of a sample of record cards showed some lapses in radiograph reporting, although record keeping overall was of a high standard.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

We checked a sample of dental care records to confirm our findings. The dental care records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Different BPE scores triggered further clinical action. The dentists reviewed patients' medical history prior to treatment.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dentists conducted risk assessments and where necessary offered preventative measures such as fluoride application or fluoride toothpaste. The practice also provided advice on maintaining good oral hygiene, and discussed smoking cessation, sensible alcohol use and weight management.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding and X-ray training.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. Staff had signed a document to say they had read and agreed to abide by the practice manual of policies, procedures and protocols.

The practice held yearly appraisals meetings with each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's records.

### Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared with full details of the dentist's findings and a copy was stored on the practice's records system. It was the practice's policy to make the patient responsible for sending the referral letter, however improvements could be made to ensure all dentists were following this policy consistently. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post procedure care.

### Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Patients were asked to sign consent forms for specific treatments such as tooth extraction.

Staff were aware of the Mental Capacity Act (2005). They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The Mental Capacity Act 2005

# Are services effective?

(for example, treatment is effective)

(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 were also aware of how children and young people should be supported to provide their consent, and had an

understanding of the legal responsibilities and requirements that applied. Staff explained that they supported children and young people to make decisions by explaining options available in an understandable way, and using tools such as pictures or models to support their explanations.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

On the day of the inspection, we spoke with four patients. We also received comments cards from 24 patients. All feedback from patients was positive, for example about the standard of care received, the caring and friendly attitude of staff, and the ease of getting an appointment. During the inspection we observed staff in the reception area. They were polite and helpful towards patients.

Staff were aware of the need to treat patients in a respectful way, and to protect their privacy and dignity. Reception staff had procedures to follow to protect confidential information, and were able to offer a private space to discuss matters with patients should they require this. Dental care records were stored electronically and the practice had systems in place to dispose of any paper information securely. Staff were aware of the importance of data protection and the practice had a policy on this.

The practice obtained regular feedback from patients through patient surveys which was largely very positive. It acted on any areas identified for improvement where possible.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area which gave details of the NHS dental charges and fees. There was no information on display about private fees. Patients were given copies of their treatment plans which included useful information about the proposed treatments, any risks involved, and associated costs, however. Patient feedback to us was that treatment options and costs were discussed fully with them. During the course of our inspection we checked dental care records to confirm the findings. We saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice had a system in place to schedule enough time to assess and meet patients' needs, and ensured additional time was allocated for more complex treatment.

The dentists told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from the patients as part of our inspection confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

### **Tackling inequity and promoting equality**

The practice promoted access to a range of patients with various backgrounds and needs. The practice had access to a translation service for patients who required this, and staff spoke various languages. The practice also advised that they were able to organise a British Sign Language interpreter if needed.

The practice had completed a disability access audit in March 2015 and an action plan was in progress including a planned refurbishment and extension of the premises in 2016-2017. An Access Statement was in place setting out how the extension will be made accessible to disabled people.

### **Access to the service**

The practice was open Monday to Friday from 9:00am to 5:00pm. The practice displayed its opening hours at their premises, and provided contact details for the out of hours services in the area.

Staff told us that patients were generally able to book in an appointment in good time, with the dentist of their choice. Patient feedback aligned with this information, with patients advising that they did not have to wait too long for routine appointments. Urgent appointments were available at short notice, and patients reported that they could book appointments for the same day if required.

### **Concerns & complaints**

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area.

There had been three written complaints recorded in the past year. These complaints had been responded to in line with the practice policy. Patients had received a full written response and apology where appropriate. The practice had investigated the issues raised and noted learning points, communicated learning to all staff and improved the information available for patients, for example about exemption from NHS fees.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a clear organisational structure. The principal dentist was the clinical lead and responsible for the running of the practice. They were also the lead for key areas such as complaints, safeguarding and infection control, and information governance.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were reviewed and updated in a timely way. Staff were aware of the policies and procedures and acted in line with them.

### **Leadership, openness and transparency**

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

Staff reported that they were well supported. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard, as well as informal reviews to monitor progress.

### **Learning and improvement**

The practice undertook quality control audits, including for example waste management, record cards, radiation protection, premises and the Health and Safety Executive (HSE) checklist within the 12 months prior to our inspection. The principal dentist discussed the audit results with relevant staff.

Staff were also being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice used patient surveys to gather feedback from patients about each dentist. These were last completed in February 2015 last of these. Feedback was extremely positive, with one dentist scoring 100% satisfaction. Plans were put in place to improve the care provided to patients where identified and where possible.

Staff commented that the principal dentist was open to feedback, and they felt they would be able to raise any concerns with them if necessary.