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Histon Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Histon Dental Clinic is a well-established family run practice that provides privately funded dental treatment to adults and children. It serves about 3500 patients. The team consists of two dentists who own the practice, two dental nurses, and a receptionist. An implantologist visits to provide dental implants to patients.

The practice is situated in a converted residential property and has two dental treatment rooms and a separate decontamination room for sterilising dental instruments. There is a large patient waiting area, a reception area and staff room.

The practice is open from 7.40am to 4pm from Monday to Thursday; and from 7.40am to 2pm on a Friday.

One of the dentists 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.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice.

Our key findings were:

- Information from 45 completed Care Quality Commission comment cards gave us a positive picture of a friendly, professional and high quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The practice proactively sought feedback from staff and patients, which it acted upon.

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?

No action

We found that this practice was providing safe care in accordance with the relevant regulations. The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults.

Are services effective?

No action

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice Guidelines. Patients received a comprehensive assessment of their dental needs including taking a medical history. Treatment risks, benefits, options and costs were explained to patients in a way they understood and staff followed appropriate guidelines for obtaining patient consent. Patients were referred to other services as needed.

The staff were able to access professional training and development appropriate to their roles and an appraisal process was in place.

Are services caring?

No action

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

We collected 45 completed patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on the friendliness and helpfulness of the staff and told us the dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Staff gave us specific examples where they had gone beyond the call of duty to support patients

Are services responsive to people's needs?

No action

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

The practice offered a good range of general and cosmetic dental treatment, including implants.

Appointments were easy to book and the practice offered same day access for patients experiencing dental pain that enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however the toilet was not wheelchair accessible.

Information about how to complain was easily accessible.

Summary of findings

Are services well-led?

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

Staff told us they felt supported and worked well together as a team. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve its service.

No action 

Histon Dental Clinic

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.

The inspection was carried out on 22 November 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with both dentists, both dental nurses and the receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 47 patients about the quality of the service, which included comment cards and patients we spoke with during our 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

Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences). The practice had a specific incident reporting policy and recording form in place, in addition to an accident book.

Unusual events within the practice were discussed and learning from them shared across the staff team. For example, following a needle stick injury sustained by one of the dental nurses, the practice had changed its policy and now only the dentists dismantled syringes. Following an incident where a patient had fainted, the practice's emergency response procedure was reviewed at the staff meeting.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The dentists were aware of all but one of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. A flow chart outlining reporting procedures was on display in the reception area making it easily accessible to staff. Records showed that all staff had received safeguarding training for both vulnerable adults and children. A safeguarding lead for the practice had been appointed to deal with any concerns. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment for the practice had been completed. Posters offering guidance of what to do in the event of an injury were on display. Although the practice did not use safer sharps' system for local anaesthetic syringes, staff had carried out a sharps' risk assessment. Dentists dealt with sharps and used a single handed resheathing technique before disposal of used needles and anaesthetic cartridges.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentists confirmed they always used rubber damns and we noted that rubber dam kits were available in the practice.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies and we viewed guidance on dealing with a patient collapse in the treatment rooms. An automated external defibrillator (AED) was available and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines, although we noted that some of the airways equipment was out of date and there was no pocket mask. Staff checked the AED every week and the oxygen cylinder pressure every day, to ensure they were fit for use. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice, although there was only one adult dose of adrenalin available. The emergency medicines were checked each week and records were maintained to support this.

Staff recruitment

We checked personnel records for staff which contained evidence of their GDC registration and qualifications where required, proof of their ID, references and a disclosure and barring check (DBS). 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 might have contact with children or adults who may be vulnerable. Notes of staff recruitment interviews were kept to demonstrate they had been conducted fairly.

An implantologist regularly visited the practice and we noted the practice held full details of his GDC registration, qualifications, training and indemnity details.

We spoke with one dental nurse who told us her recruitment had been thorough. She had been interviewed by both dentists and undergone two interviews, before being offered the job.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed a comprehensive health and safety risk assessment that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. In addition to this, we viewed a practice risk assessment which had identified very specific additional hazards such as the slope of the floor at the entrance way and the steep stairs to the upstairs surgery.

There was a health and safety law poster on display in the reception office, which listed local contact details.

A comprehensive fire risk assessment had been completed in October 2016 and firefighting equipment was regularly tested. Regular fire evacuation drills were completed, although these did not include patients so it was not clear how the practice would manage in a fire when patients were present.

A Legionella risk assessment had been completed for the practice and hot and cold water temperatures were monitored regularly. Staff ran dental unit water lines in line with national guidance to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all products used within the practice.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. It also had an informal agreement in place with a nearby dental practice for additional support if needed.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. Cleaning equipment was colour coded according to national guidance.

The practice conducted regular infection control audits and had scored 95% on its latest one, indicating it met essential quality requirements. An action plan was in place detailing the timescales in which best practice would be achieved.

The dental nurses undertook all cleaning duties and we noted daily accountability checklists in place. All areas of the practice we viewed were visibly clean and hygienic, including the waiting area, toilets and stairway. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. Dirty and clean zones were clearly identifiable and there was plenty of personal protective equipment available for staff and patients.

However, there were no dedicated hand wash sinks in the treatment rooms, and the windows in one room had fabric blinds, which were difficult to clean.

There were clear systems in place for safely transferring dirty and clean instruments to and from the treatment rooms. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices, although it contained only one sink.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Staff manually cleaned instruments under water for the initial cleaning process. Instruments were then inspected under an illuminated magnifier and then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated

with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. We noted that the dental nurse wore the correct personal protective equipment throughout the decontamination procedure.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. Clinical waste was stored securely outside the practice. The practice used an appropriate contractor to remove clinical waste and waste consignment notices were available for inspection.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records we viewed showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

We found that there were plenty of instruments available for each clinical session to take account of decontamination procedures. The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had been completed in October 2016, the compressor had been serviced in October 2016, and dental chairs serviced in May 2016.

Stock control was good and medical consumables we checked in the decontamination room were within date for safe use.

The practice had equipment to deal with minor first aid problems such body fluid and mercury spillage.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. Antibiotic drugs dispensed by the practice were held securely and logged appropriately. The temperature of the fridge where medicines were stored was monitored daily to ensure it was operating effectively.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned, although a recent alert in relation Glucagon had been missed by staff.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file was the critical examination packs for each X-ray set. A copy of the local rules was available in the file and each treatment room. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation was used to confine the scatter of x-ray beams.

Regular radiographic audits were completed as part of an ongoing audit cycle to ensure quality improvements were made. Dental care records we viewed showed that dental X-rays were reported on and justified assured, although they were not always graded as recommended by national guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and received 45 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Patients described their treatment as effective and pain free. One patient described the dentists as having great empathy, as well as technical ability.

The practice used an intraoral camera and also three dimensional imaging to improve the effectiveness and targeting of treatment.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We spoke with the dentists and checked dental care records to confirm our findings. to confirm our findings. This that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw a range of clinical audits that the practice regularly carried out to help them monitor the effectiveness of the service. These included the quality of radiographs, the longevity of white fillings and the success of endodontic treatment. Record keeping audits followed FGDP guidance and actions plan to address any identified shortfalls were implemented if necessary.

Health promotion & prevention

A good range of oral health care products was available for sale to patients including interdental brushes, mouthwash and floss. The practice also displayed working electric toothbrushes and sonic air flossers that patients could handle before buying. Free samples of toothpaste were available and we noted that the receptionist give a sample to one patient during our visit.

Preventative dental information was given to adults and children in order to improve their health outcomes. This included dietary smoking and alcohol advice where appropriate in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dentists told us they prescribed high fluoride toothpaste and fluoride varnish if appropriate. Dental nurses told us the dentists regularly asked patients about their smoking, alcohol intake and diet. We noted leaflets about smoking cessation services were available in the waiting area, making them easily available to patients.

Staffing

Staff told us they were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. Both staff and patients told us they did not feel rushed during appointments and each dentist saw about 10-12 patients a day.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records showed that all staff had undertaken recent essential training in infection control, safeguarding and basic life support. A range of in-house training (although not accredited), was provided by the dentists during staff meetings, evidence of which we viewed. Both nurses had undertaken additional training in implantology.

All staff received an annual appraisal of their performance which they described as useful. Appraisal documentation we saw demonstrated a meaningful appraisal process was in place, and staff had personal development plans.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. Urgent referrals for oral malignancy were followed up with a phone call to ensure they had been received in line with the two week protocol. A log of the referrals made was kept so they could be could be tracked.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed

Are services effective?

(for example, treatment is effective)

demonstrated that treatment options had been explained to them. Patients were provided with plans that outlined their treatment and its cost, and signed to show they agreed with it. There were additional consent forms used for patients having dental implants

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. The practice had appropriate policies in place in relation to the MCA, and staff had been shown You-tube videos on the matter to enhance their understanding of its principles. Dental staff we spoke with had a clear understanding of patient consent issues. One nurse talked knowledgeably about patients with dementia, and the importance of recognising the decline in their cognitive functioning. One dentist spoke of the importance of ensuring they obtained the actual parents' consent for treating children less than 18 years of age.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 45 completed cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, friendly and considerate of their needs. Nervous patients commented that everything was done to make them feel relaxed and comfortable. One patient described their discussion with the dentist about treatment as always sympathetic and genuine.

We observed the receptionists interact with patients both on the phone and face to face and noted she was consistently polite and helpful towards them, and created a welcoming and friendly atmosphere. Staff gave us examples of where she had gone out their way to support patients. For example, the receptionist told us she had dropped off mouth guards and repaired dentures to patients to save them coming into the practice, and that staff regularly helped an older a patient who lived nearby to the practice. Staff told us they sometimes worked late to meet patients' needs.

The receptionist told us that stickers and balloons were available to give children, and one nurse kept up with the latest children's trends to ensure they had the right products available for them.

The practice conducted its own survey that had been completed by 84 patients. 100% of them had stated that staff had treated them respectfully.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Computer screens at reception were not overlooked and all computers were password protected. The waiting area was completely separated from reception allowing for additional privacy.

The practice had specific policies in relation to data protection to ensure patient information was handled confidentially.

Involvement in decisions about care and treatment

Patients stated that all procedures and likely outcomes were clearly explained to them by the staff. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost. The staff we spoke with paid attention to patients' involvement when drawing up individual treatment plans and this was detailed within the dental records we reviewed.

A range of leaflets was available to help patients better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a web site and patient leaflet which gave helpful information about the staff, the treatments on offer, opening times and out of hours information. Details of treatment costs were available in the reception area and the practice offered two types of dental payment plans. The waiting area displayed a wide variety of information about various dental products and local services. There was also large screen TV and a water fountain for patients.

In addition to general dentistry, the practice offered a range of restorative and cosmetic treatments, and a specialist implantologist regularly visited the practice to meet patients' needs.

The practice opened from 7.40 am to 4pm on Mondays to Thursday; and from 7.40 am to 2pm on Fridays. The practice did not have specific emergency slots held aside each day**,** but both the dental nurse and receptionist told us patients would always be fitted in the same day if experiencing dental pain. We were given examples where staff had stayed on late to meet patients' specific needs. Patients described their appointments as well organised and always punctual. They told us they received a reminder the day before they visited which they found helpful.

Information about emergency out of hours' service was available on the practice's answer phone message, although this was not displayed on the front door should a patient come to the practice when it was closed.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility and there was level access entry to the practice. There was a downstairs treatment room and toilet, although the toilet was not accessible to wheelchair users so it was not clear how their needs would be catered for. We noted a poster in the reception area stating that hearing equipment, translation services and sight aids were available in the practice, although in reality they were not. There were no easy riser chairs available in the waiting area to accommodate patients with mobility needs. Information about the practice was not available in other languages or formats such as large print, braille or audio.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the reception area, on the practice's website and in the patient information leaflet. This included the timescales by which they would be responded to and information about other agencies that could be contacted. One of the dentists told us the practice had not received any formal complaints in the last 12 months; however the practice did not routinely record patients' minor concerns, such as dentists running late, so that they could be monitored effectively.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were plans in place to refurbish the premises so that it could better meet infection control requirements.

The practice had a comprehensive list of policies and procedures in place to govern its activity. We looked at a sample of policies and procedures and found that they were up to date and had been reviewed regularly. They covered a wide range of areas including bullying and harassment, data protection, the use social media, patient consent, and infection control. Staff had signed these policies to demonstrate they had read and understood them. Our review of the practice's meeting minutes demonstrated that the policies were frequently discussed and reviewed with staff.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was evidence of appraisals and personal development plans for all staff. Despite being a family run practice, staff were aware of the importance of maintaining appropriate professional boundaries whilst at work.

Communication across the practice was structured around regular practice meetings, which all staff attended. These meetings were minuted, and staff told us that they contributed to the agenda and felt able to raise issues. The meetings were used to discuss the practice's polices and deliver training, evidence of which we viewed. One nurse told us the meetings were a good place to discuss areas of improvement in the practice.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The quality of these audits was good, with high achievement rates, confirming what we found during our inspection.

Leadership, openness and transparency

It was clear that the management approach of the practice owners created an open, positive and inclusive atmosphere for both staff and patients. Staff told us the practice was well-led citing team working, training and communication as the reason.

A policy for following the Duty of Candour was available and staff were able to describe the principles of being open and honest with patients when things went wrong. 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).

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

The practice encouraged and valued feedback from patients and its staff. The practice had conducted its own survey that had been completed by 84 patients. This asked patients to rate the quality of the treatment they had received, how respectfully staff treated them and the overall appearance of the practice. Results showed a high level of satisfaction with the service. In the survey, two patients had commented that the blinds in one treatment room needed replacing and the dentist told us plans were in place for this.

There was also a box in the waiting room for patients to leave any suggestions. In response to patient feedback, staff now regularly monitored the heat in the waiting room as patients had mentioned it was often too hot. The use of paper receipts was reviewed in light of patients' comments about the amount used.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentists. We were given examples where the dentists had listened to them and implemented their suggestions and ideas. For example, a new vacuum cleaner for the upstairs had been purchased so that staff did not need to carry one up and down the stairs. New dental chairs had been obtained which were easier to mobilise around the treatment rooms.