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Bourne Hall Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 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

Bourne Hall Dental Practice is situated within a large medical centre that provides the services of doctors, dentists, podiatrists, chiropodists, diabetes screening, auditory services and mother and baby clinics. There is a large car park within the premises with allocated bays for blue badge holders.

The practice is located on the first floor of the building. There is a lift accessible to patients particularly for patients using a pram or have limited mobility. There are four treatment rooms, a reception area and a waiting area. Staff share kitchen and toilet facilities within the building.

The practice provides NHS and private services to adults and children. The practice offers a range of dental services including dental hygienists, routine examinations and treatment, veneers and crowns and bridges.

The practice staffing consisted of two principal dentists (who were also the owners), three associate dentists (including one that was completing foundation training), one visiting specialist oral surgeon, two dental hygienists, five dental nurses and two receptionists.

The practice opening hours were Monday to Thursday 8.00am to 5.45pm and Fridays 8.30am to 5.15pm.

One of the principal dentists is registered with the Care Quality Commission (CQC) as an individual. Like

Summary of findings

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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 40 completed cards. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- 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).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these and discussed information for shared learning.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were robust and effective in improving the quality and safety of the services.

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 minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

No action ✓

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 dental published guidance. 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 all of the training requirements of the General Dental Council (GDC). Staff had received appraisals within the past year to discuss their role and identify additional training needs.

No action ✓

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 commented that the whole team were welcoming, professional, caring, respectful and friendly. Patients were very happy with the quality of treatment provided. Staff were focused about a 'patient centred' approach to treating patients. They were aware of the importance of protecting patients' privacy and dignity.

Are services responsive to people's needs?

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

Patients were able to access treatment within a reasonable time frame and had adequate time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

No action ✓

Summary of findings

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The practice had effective leadership and an open supportive culture. Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures. The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentists. They were confident in their abilities to address any issues as they arose.	**No action** 

Bourne Hall Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 12 September 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records.

We spoke to the practice staff that were available on the day of our visit, this included the two principal dentists (who were the joint owners), associate dentists, a dental hygienist, dental nurses and the dental receptionists.

We reviewed 40 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. All the comments were positive.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting accidents and incidents. There was a practice policy for staff to follow for the reporting of incidents, which had been followed in the case of two incidents reported in 2015. We found that the cases had been appropriately investigated and discussed at practice meetings and any learning shared. Staff understood the process for accident reporting, including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

The principal dentists were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [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].

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was displayed in the treatment rooms and on file in the reception area. The principal dentist was the lead for safeguarding and all the staff we spoke with were aware of this. The lead demonstrated they had a good understanding of what they needed to do if they suspected potential abuse.

We saw evidence that staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with one of the Principal dentists.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (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).

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles and syringes were disposed of and after each patients treatment. This was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (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 held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. We noted that the training also included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills.

Staff recruitment

The practice staffing consisted of two principal dentists (who were also the owners), three associate dentists

Are services safe?

(including one that was completing foundation training), one visiting specialist oral surgeon, two dental hygienists, five dental nurses and two receptionists. The dental team provided various part-time hours depending on the need.

There was a recruitment policy in place and we reviewed the recruitment files for eight staff members. We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC) where appropriate, references, ID checks and employment profiles. All staff were up to date with their Hepatitis B immunisations and records were kept on file. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice displayed pictures and profiles of the members of staff on the website and included GDC registration numbers on the website and in the practice leaflet.

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, risk assessments had been carried for infection control, fire safety, the safe use of X-ray equipment and disposal of waste. The principal dentist could demonstrate that they followed up any issues identified to mitigate any risks identified as a method for minimising risks.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a detailed COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored. The Principal dentist reviewed the file regularly to ensure it was kept up to date.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the principal dentist via email. These were disseminated at staff meetings, where appropriate.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following 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)'.

There was a dedicated decontamination room in the practice which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room with signage to reinforce this.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice manually cleaned instruments for the initial cleaning process; then following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

There had been regular, six-monthly infection control audits and where any improvements were required these were implemented. One of the dental nurses was the infection control lead and ensured regular audits were completed.

We observed dental treatment rooms, the waiting area and the reception were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in all of the treatment rooms. Hand washing facilities including liquid soap and paper towels were available in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

Are services safe?

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure tests. A log was kept of the results demonstrating that the equipment was working well.

The drawers and cupboards of two treatment rooms were inspected. They were well stocked. All of the instruments were placed in pouches and it was obvious which items were for single use as they were clearly labelled. Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

The Principal dentist told us that as part of the lease agreement the building maintenance department arranges for a Legionella risk assessment to be carried out by an external company. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they had acted on advice to minimise any risks. For example, they could demonstrate they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in 2015/2016. Portable appliance testing (PAT) had been completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a well maintained radiation protection file in relation to the use and maintenance of X–ray equipment.

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) and was within the recommended timescales of every three years. One of the principal dentists was the radiation protection supervisor (RPS). All dental staff including the RPS had completed the necessary radiation training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dental staff carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentists described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The Principal dentist showed us a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dental staff told us they discussed oral health with their patients and explained the reasons why decay and dental problems occur. They were a preventative focused practice and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

They told us they spent time developing their prevention focused practice by employing and liaising with dental hygienists to help promote improving oral health care. Where appropriate they had discussions with their patients, around smoking cessation, sensible alcohol use, dietary advice and maintaining good oral hygiene through brushing and flossing.

The Principal dentists discussed with us how they carried out examinations to check for the early signs of oral cancer. Where any signs were detected or suspicious patients were referred to the appropriate services.

Staffing

Staff told us they received appropriate professional development and training. We checked some of the staff recruitment 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, infection control and X-ray training.

There was a written induction programme for new staff to follow and evidence in the staff recruitment files that this had been followed at the time of their employment.

Staff told us they were engaged in an appraisal process on a yearly basis. This reviewed their performance and identified their training and development needs. We reviewed some of the notes kept from these meetings and saw that each member of staff had the opportunity to put a personal development plan in place.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for orthodontics and complex root canal treatments.

We reviewed the systems for referring patients to specialist consultants. A referral letter was prepared and sent to the specialist with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged

Are services effective?

(for example, treatment is effective)

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. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the dentists about their understanding of consent issues. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The practice had also carried out an audit of consent processes to review whether informed and valid consent had been consistently obtained. This demonstrated that systems were working well and minor improvements had been implemented in order to be more consistent.

All of the staff received training in and were aware of the Mental Capacity Act 2005. (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 we spoke to understood the general Principal of the Act and were able to explain how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The Care Quality Commission comments cards we received all made positive remarks about the staff's caring and helpful attitude. They all described a very positive view of the service the practice provided. Patients indicated that they felt comfortable and relaxed with their dentist/dental hygienist and that they were made to feel at ease during consultations and treatments. Patients who were nervous about dental treatment indicated that the dentist/dental hygienist was calm, listened to their concerns, and gave them reassurance throughout the processes of the dental treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

Patients commented that the whole team were welcoming, professional, caring, respectful and friendly. They were very happy with the quality of treatment provided. During the inspection we observed the general atmosphere in the practice was calm, welcoming and friendly.

All the staff we spoke with were focussed on a 'patient centred' approach to treating patients. They were aware of the importance of protecting patients' privacy and dignity. We observed that staff always kept the treatment room doors closed when patients were in the room.

Involvement in decisions about care and treatment

We spoke with both the principal dentists, two other dentists and a dental hygienist on the day of our inspection. They all told us they worked towards providing clear information for patients to understand the cause of their dental problems with a focus to promote prevention. They used models and toothbrushes to demonstrate good oral hygiene.

Where dental treatment was necessary they explained the options available and ensured patients made the decisions. We saw evidence in the records that the dentist recorded the information they had provided to patients about their treatment and the options open to them. They told us they spent time answering patients' questions and gave patients a copy of their treatment plan.

There was a range of information leaflets that were available for patients which described the different types of dental treatments available. For example we saw an advice sheet for patients giving diet advice and information about acid attack on teeth. The practice displayed information in the waiting area and on its website which gave details of the dental charges.

The patient feedback we received via comments cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

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. The dentists and dental hygienists could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Some of the feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they did not feel rushed and had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they would access a translation service if required and that they could provide written information for people who were hard of hearing and use large print documents for patients with some visual impairment.

We asked staff how they would support patients that had difficulty with hearing or vision. They explained how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm if needed.

The practice shared a large carpark with other services in the building and they were fully wheelchair accessible. There was a communal lift from the ground floor level to assist patients with prams and limited mobility.

Access to the service

The practice opening hours were Monday to Thursday 8.00am to 5.45pm and Fridays 8.30am to 5.15pm. The practice displayed its opening hours on their premises, on the practice website and in the practice information leaflet available in the waiting area.

We asked the staff about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details about how to access out-of-hours emergency treatment.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

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 and in the practice information leaflet. The staff explained if patients were not happy they would discuss the issues with one of the principal dentists so the problem could be resolved quickly and amicably.

The practice shared the complaints they received in the last year. The complaints were dealt with appropriately by the Principal dentist and the concerns were raised in the team meetings for staff to discuss and learn from.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained and files were kept that were regularly reviewed and updated. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

There were regular practice meetings to discuss practice arrangements and audit results as well as providing time for staff training. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed.

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 both principal dentists. They felt they were listened to and responded to when any concerns were raised.

The practice had a statement of purpose that described their vision, values and objectives. We spoke with both of the principal dentists who told us they aimed to provide high-quality care with a focus on prevention. They were committed to both maintaining and continuously improving the quality of the care provided.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a formal system of staff appraisals to support staff in carrying out their roles to a high standard. Notes from these appraisals also demonstrated that they identified staff's training and career goals.

We found staff to be hard working, caring and committed to their work and overall there was a strong sense that staff worked together as a team.

Learning and improvement

All staff were supported to pursue development opportunities. 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 General Dental Council (GDC).

The practice had a programme of clinical and non-clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping, consent processes and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made.

The auditing system demonstrated a generally high standard with only small improvements required. We saw notes from staff meetings which showed that results of audits were discussed in order to share achievements or action plans for improving performance.

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

The practice gathered feedback from patients on an ongoing basis through patient questionnaires left at the reception desk. They reviewed responses and comments as they came in. Patients commented they would recommend the practice to friends and family. Patients had commented through the CQC comment cards; the practice was clean, dental team were respectful, friendly, professional and the dentist put patients at ease when they arrive anxious and nervous.

Staff told us that both principal dentists were open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.