Mr. Paul Horscraft

Mr Paul Horscraft - Fitzwilliam Street

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 January 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

Mr Paul Horscraft - Fitzwilliam Street is situated in Wath-upon-Dearne, South Yorkshire. It offers mainly NHS dental treatments but also offer private dental treatments to patients of all ages. The services include routine dental treatment and preventative advice and treatments.

The practice is located in a converted detached house and services are over two floors. It has two surgeries, a dedicated oral health education room, two waiting areas and a reception area. One surgery, the reception area and one waiting area are on the ground floor. The second surgery, oral health education room, X-ray room and second waiting room are on the first floor of the premises.

There are three dentists, three dental nurses, a practice manager/receptionist (who is also a qualified dental nurse) and a part-time receptionist.

The opening hours are Monday to Friday 9-00am to 6-00pm. The practice is closed between 11-00am and 1-00pm on a Wednesday for staff to complete administrative and governance tasks.

Summary of findings

One of the practice owners is the registered provider. 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.

On the day of inspection 50 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and tidy environment, informed of treatment options and were made to feel comfortable and relaxed.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Patients were treated with care, respect and dignity.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions to the practice owners.
- The practice had an effective clinical governance process.

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

- Record a Basic Periodontal Examination on adult patients at each examination.
- Review the arrangement for the spittoon in the ground floor surgery.
- Undertake weekly protein test on the ultrasonic baths.
- 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.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and providing high concentration fluoride toothpastes. The practice manager was an oral health educator and provided patients with detailed oral hygiene advice to patients.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development and they were supported to meet the requirements of their professional registration.

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

We reviewed feedback from 50 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that the staff were helpful and friendly.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was explained to patients in a way which they understood.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Summary of findings

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice owners were responsible for the day to day running of the practice. There was protected time each week for the practice owners to keep up to date with matters of clinical governance.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

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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 led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we reviewed feedback from 50 patients. We also spoke with three dentists (one of whom is the registered provider) and two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw that a recent incident had been documented, investigated and reflected upon by the dental practice. We saw that as a result of the incident they had taken steps to prevent this from occurring again. Any accidents or incidents would be discussed at staff meetings.

The practice owners understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. One of the dentists was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training in the last 12 months. One member of staff described to us about a safeguarding referral which had been made and this was in line with the practices policy and was documented in the patient's dental care records.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe needle disposal system and clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was not routinely used in root canal treatment. However, we were told that root canal instruments were secured using dental floss to protect the patients' airway. We discussed the use of rubber dam and we were told that the dentists would start using rubber dam for root canal treatment.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). All emergency medications and equipment were in date. The emergency resuscitation kits, oxygen and emergency medicines were stored in the first floor surgery. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed regular checks were carried out to ensure the equipment was safe to use and this was in line with the Resuscitation Council UK guidelines.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. The practice had also completed additional training in how to deal with medical emergencies at a simulation centre. Staff felt that this addition training really helped them if they needed to deal with a medical emergency.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration.

We reviewed a sample of personnel files and found the recruitment procedure had been followed. We were told that the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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. We reviewed records of staff recruitment and these showed that all checks were in place.

Are services safe?

All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. The practice conducted annual risk assessments of the practice to ensure that no new risks had developed. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures, use of the autoclave and compressor, spillage of mercury and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. This was reviewed on an annual basis. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. This was reviewed on an annual basis.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice generally followed the guidance about 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)'.

Staff received training in infection prevention and control and this was also reinforced each year by means of in-house assessments and reviews for each dental nurse. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. We were told that every week there were two hours of protected time where the dental nurses could undertake a deep clean of the surgeries which helped them ensure the surgeries were clean. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. We noted in the ground floor surgery that patients used a sink on the work surface to spit out in. This was discussed with the practice owners and it was felt that it may be more appropriate to have a separate spittoon for patients. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the surgeries. HTM 01-05 states that it is best practice to carry out decontamination and sterilisation procedures in a dedicated room and if not to have a plan to install a separate room. We saw plans had been drawn up for a dedicated decontamination room.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. We saw that when the ultrasonic bath was being used the lid was always left on to prevent an aerosol forming. The decontamination area had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had some systems in place quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, we noted that

the weekly protein residue test was not being completed on the ultrasonic bath. This was brought to the practice owners' attention and we saw on the day that these testing devices were ordered.

The practice had carried out a self- assessment audit in December 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards and improvements had been made since the previous audit had been completed in August 2015.

Records showed a risk assessment process for Legionella had been carried out in December 2010 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice reviewed this risk assessment on an annual basis to check that it was still valid. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session, monitoring cold and hot water temperatures each month, using a water conditioning agent and also quarterly tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray machine, the autoclave and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Annual checks were carried out on all electrical appliances to ensure they were safe to use.

Prescriptions were stamped only at the point of issue to maintain their safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray machine was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. The X-ray machine was located in a dedicated room on the first floor. Local rules were available in the X-ray room and within the radiation protection folder for staff to reference if needed.

The practice used an automated X-ray developing machine. We saw evidence that regular checks were undertaken on the machine to ensure the quality of processing was satisfactory.

The practice kept a record of all X-rays which had been taken in a log book. The justification for taking the X-ray and a grade was recorded in the log book. This log book was used to audit the quality of X-rays taken.

Each year, an audit was carried out on the quality of all X-rays taken. The results of the most recent audit undertaken confirmed they were performing well and within the guidance of the National Radiological Protection Board.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment generally in line with recognised guidance from the Faculty of General Dental Practice (FGDP). However, we noted that a Basic Periodontal Examination (BPE) was not carried out at each assessment. We discussed this and were told that this would be discussed amongst the dentists to ensure a BPE is recorded at each assessment. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by the patient every time they attended for an assessment. We saw evidence it was signed by both the dentist and patient. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in a log book and a report of the X-ray was recorded in the dental care records.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to all children who attended for an examination. When required, high fluoride toothpastes were prescribed.

The practice manager was also a dental health educator who provided in-depth oral health education to those patients who required it. We were told that this was a very valuable service and they had seen some positive results as a result of input from the oral health educator.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. There were health promotion leaflets available in the waiting room and surgery to support patients. These included information about brushing, fluoride and diet.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists used a marker on the dental care records to highlight if a patient was a smoker or an ex-smoker. This then prompted them to enquire as to whether they were still smoking. Smoking cessation advice was then provided as necessary.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We also saw that during the induction process any new dental nurse would be given in-depth training on the decontamination process and the importance of appropriate maintenance of the decontamination equipment.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We saw that the practice organised training on medical emergencies to be completed for all staff.

The practice owners kept a log of what training each member of staff had completed to ensure that mandatory CPD had been completed. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The dental nurses were supervised and supported by the practice owners. Staff told us the practice owners were readily available to speak to at all times for support and advice.

Are services effective?

(for example, treatment is effective)

Staff told us they had annual appraisals and training requirements were discussed at these. This also included a review of the practice's decontamination and infection control procedures. The appraisal process aided the staff members in formulating a personal development plan. We saw evidence of completed appraisal documents and personal development plan.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed proformas or referral letters to ensure the specialist service had all the relevant information required. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice kept a log of all referrals sent and when a response or acknowledgment had been received. The practice used this information to audit their referral process.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We noted that in the dental care records there was limited documentation of treatment option which had been discussed. This was brought to the practice owners' attention and we were told this would be addressed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection.

We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen on the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. The practice regularly audited patient waiting times and we saw that the results of this audit showed that patients were generally seen promptly.

Tackling inequity and promoting equality

Due to the nature of the building, access to the premises was compromised for patients with limited mobility or those in a wheelchair. This was due to 10 steps to access the building. We saw that additional handrails had been installed to the steps to aid patients who had mobility issues. If patients could not access the premises then they would wither be assisted in finding a dentist which had accessible facilities or would be referred to the local community dental clinic.

The practice also had access to telephone translation services for those whose first language was not English. The practice also offered the RNID type talk service for those with hearing difficulties.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-00pm. Patients were sent a text message prior to an appointment to remind them of the appointment time.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent, patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting rooms. The practice owners were in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice owners to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then they were given a copy of the practice's code of practice which included details of other organisations to contact to deal with the complaint. There had not been any complaints made directly to the practice. However, we did see on the NHS choices website that any comments which had been made were responded to.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within seven working days and providing a formal response within six months. If the practice was unable to provide a response within six months then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

We found the practice had effective governance arrangements. There were two hours of protected time each week for the practice owners to complete governance matters. This enabled them to review policies, complete risk assessments and complete audits.

The practice owners were in charge of the day to day running of the service and were supported by the practice manager. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. Staff were aware of whom to raise any issue with and told us that the practice owners were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

The practice held quarterly staff meeting where significant events, training needs, patient feedback, cross infection control and ways to make the practice more effective were discussed. These meetings were minuted for those staff unable to attend.

Learning and improvement

The practice had effective quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as clinical records, X-rays, waiting times, referrals and infection control.

We saw that from the audits which had been completed the practice were performing well. However, when improvements had been identified these had been addressed in a timely manner and a repeat audit had been completed.

Staff were encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies, infection control and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Training needs were identified through the appraisal process.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about waiting times, whether the staff were polite and whether the treatment had been explained well. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family.