Mulli Limited

The Mount Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 October 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

The Mount Dental Practice is situated in Wakefield, West Yorkshire. The practice offers mainly NHS dental treatment to patients of all ages and also offers private dental treatments. The services include preventative advice and treatment, routine restorative dental care and dental implants.

The practice has four surgeries, a decontamination room, an X-ray room, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with accessible toilets.

There are four dentists, one dental hygiene therapist, four dental nurses, two receptionists, a clinical lead and an area manager.

The opening hours are Monday to Thursday from 8-30am to 5-30pm and Friday from 8-30am to 5-00pm.

The area manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

During the inspection we received feedback from 12 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were friendly, caring and professional. They also commented the practice was safe and hygienic.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- 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.

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

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the storage of dental care records to ensure they are stored securely.
- Review the practice's process for carrying out regular minuted staff meetings.

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.

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

Staff had received training in safeguarding at the appropriate level 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.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. 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.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We noted some sharp instruments were not handled in line with the practice's sharps policy. This was raised with the clinical lead and the area manager on the day of inspection and were told this would be addressed.

We saw some paper dental care records were not stored in fire proof containers. This was brought to the attention of the clinical lead and the area manager and were told this would be addressed.

Are services effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The practice provided preventative advice and treatment in line with the 'Delivering Better Oral Health' toolkit (DBOH). This included fluoride application, oral hygiene advice and smoking cessation advice.

Staff had completed training relevant to their roles and were up to date with their continuing professional development (CPD).

Summary of findings

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

Are services caring?

No action

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

During the inspection we received feedback from 12 patients. Patients commented that staff were friendly, caring and professional. They also commented treatment was carried out gently and carefully.

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.

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

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment. These included step free access to the practice, a lowered reception desk, large surgeries and an accessible ground floor toilet.

Are services well-led?

No action

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 staff felt supported and appreciated in their own particular roles. The clinical lead was responsible for day to day running of the practice and was supported by the area manager.

There was a range of policies, procedures and protocols to guide staff in undertaking tasks. We saw these were regularly reviewed.

Effective arrangements were in place to share information with staff by means of practice meetings. This gave everybody an opportunity to openly share information and discuss any concerns or issues. These meetings were generally informal and were not always minuted. We were told that regular minuted meetings were going to be conducted as soon as possible.

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

Summary of findings

They conducted patient satisfaction surveys and the NHS Friends and Family Test (FFT). Patients were informed of feedback on a notice in the waiting room.

The Mount Dental Practice

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 registered provider 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 had remote access to a specialist advisor.

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

During the inspection we received feedback from 12 patients. We also spoke with two dentists, two dental nurses, one receptionist, the clinical lead and the area 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. Staff were familiar with the importance of reporting significant events. Staff described an accident which had occurred recently. This had been well documented and action taken to prevent it occurring again.

Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The area manager was aware of notifications which need to be made to the CQC.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were the stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and 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. The practice owner was the safeguarding lead for the practice and all staff had undertaken safeguarding training appropriate to their role.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe needle device, a protocol whereby only the clinician handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments). During the inspection we noted there were some sharps in a container in the decontamination room. We were told that occasionally these came through to the decontamination room and the nurse disposed of these. We raised this issue with the clinical lead and the area manager and were told the clinician in question would be informed of this issue.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw that patients' clinical records were computerised and password protected to keep personal details safe. Most paper documentation was stored in lockable cabinets which were fire proof. We saw a small number of paper records which were stored in non-fireproof containers. These were not accessible to the public but could potentially be destroyed in the event of a fire. We raised this issue with the clinical lead and area manager and were told a fire proof cabinet would be bought for these records.

There was a whistleblowing policy at the practice which staff were aware of and would be happy to use. There was also an anonymous comment box in the staff room where staff could post comments about issues which they had in the practice. We were given examples of when this had been used.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. There were quick reference guides in each surgery of what to do in the event of a medical emergency. Staff had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Advisory 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 and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

Are services safe?

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 staff files and found the recruitment procedure had been followed. The area manager told us they 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.

All clinical staff at this practice were qualified and 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 assessments were in place at the practice. 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. An annual health and safety audit was carried out to ensure any new risks were identified and any action taken to reduce the risks were implemented.

There were policies and procedures in place to manage risks at the practice. These included the use of the autoclaves, the compressor and visual display units.

An external fire risk assessment had been completed in June 2016. Weekly fire alarm tests, monthly emergency lighting tests and bi-annual fire drills were carried out. We saw records confirming these had taken place.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. 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.

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 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)'. The clinical lead was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control. 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 and the decontamination room 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 observed waste was stored securely for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in August 2016 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.

Records showed a risk assessment process for Legionella had been carried out in October 2016 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). 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 and between patients, monitoring cold and hot water temperatures each month, the use of a water conditioning agent and quarterly tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had arrangements for the servicing of essential equipment such as X-ray sets, the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in April 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance.

Prescriptions were stamped only at the point of issue. The practice also kept a limited number of antibiotics on site. These were kept locked away and a log of which antibiotics had been dispensed and when they were due to go out of date was maintained.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment 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. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried twice a year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. 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 their system of clinical risk management. For example, following clinical assessment, the dentist 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, quality assurance of each X-ray and a report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong 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 dentists applied fluoride varnish to children who attended for an examination.

Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay. We were told the dental hygiene therapist would also provide detailed oral hygiene advice and would frequently use disclosing solution on children's teeth to highlight where they were not brushing effectively.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included a health and safety overview, fire evacuation procedures, the location of the emergency kit and the incident reporting procedure. We saw evidence of completed induction checklists in the recruitment files.

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). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The practice employed a dental hygiene therapist. Dental hygiene therapists are trained dental care professionals who are qualified to undertake certain treatments, for example, fillings, periodontal treatments and the extraction of deciduous teeth. The dentists could refer patients for such treatments to the dental hygiene therapist.

Are services effective?

(for example, treatment is effective)

We were also told several of the dental nurses had completed additional training to perform extended duties. These included radiography, fluoride application, oral hygiene advice and impression taking.

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 and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

The dentists provided the hospital or other dental service with all the required information including X-rays. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Consent to care and treatment

Patients were given appropriate verbal and written 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. The dentists 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. The dentists were familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment. There was also information about Gillick competency displayed in the staff room.

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. There was information relating to the MCA displayed in the staff room.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs.

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. 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. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us 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. 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. We were told the dentists would use computer animations to assist in describing different treatment options to patients. They would also draw pictures to assist understanding.

Patients were also informed of the range of treatments available in the on notices in the waiting area and on the practice website.

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 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 were able to make emergency appointments when needed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access to the premises, a lowered reception desk and an accessible toilet. All surgeries were large enough to accommodate a wheelchair or a pushchair. The corridors and doorways were wide enough to allow easy access. The practice also had a hearing loop and could provide the practice information leaflet in different languages if needed.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Thursday from 8-30am to 5-30pm and Friday from 8-30am to 5-00pm.

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 NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area, on the practice website and in the practice information leaflet.

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 room. The area manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the area manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practices policy and to the patient's satisfaction. The practice kept a log of any complaints which had been raised. This included any correspondence with the patient.

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.

Are services well-led?

Our findings

Governance arrangements

The clinical lead was responsible for the day to day running of the service. They were supported by the area 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 effective 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.

There was an effective management structure in place to ensure that responsibilities of staff were clear and there were lines of accountability. 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. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held informal staff meetings. We saw inconsistent evidence of minuted staff meetings. We were told they were about to start conducting more regular and structured staff meetings which would be minuted.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as infection prevention and control, dental care records, sharps and X-rays. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training which helped to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us the practice paid for further training courses including for extended duties.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

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 the cleanliness of the practice and whether they were aware of the complaints procedure. We were told that as a result of feedback from patients the practice had installed an extra phone line to make it easier for patients to get through on the phone. We were also told they had put more children's books and colouring sheets in the waiting room.

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.