

Belmont Dental Practice

Belmont Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 January 2017 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

Belmont dental practice is situated in County Durham and provides predominantly private treatment to patients of all ages. The entrance is located on the ground floor and the remainder of the practice is on the first floor. There are two treatment rooms, two dedicated decontamination rooms for sterilising dental instruments, a reception, a segregated waiting area, a staff room and general office. Car parking is available within the premises and on the side-streets near the practice. Access for wheelchair users or pushchairs is possible via a portable ramp and a stair-lift is available for aiding people up and down the stairs.

The practice is open Monday and Tuesday 8am - 7pm, Wednesday and Thursday 8am - 5pm and Friday 8am - 1pm.

The dental team is comprised of two principal dentists, two associate dentists, a dental hygienist, four qualified dental nurses and the receptionist who is also the staff liaison officer.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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

The practice offers general and specialised dental treatments including dental implants and conscious sedation.

We reviewed 40 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- Staff were very friendly, caring and enthusiastic.
- The practice was visibly clean and an Infection prevention and control policy was in place.
- We saw sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.
- Staff received annual medical emergency training.
- Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise. Contact details were available within their safeguarding policy.
- Staff were involved in providing oral health education to local schools and scouting groups.
- Recruitment and training procedures were not consistent.
- Staff were not fully aware of all relevant safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS).

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

- Review the practice's recruitment policy and procedures to ensure recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to ensure necessary employment checks are in place for all staff. This includes ensuring verbal references are written down and the required specified information in respect of persons employed by the practice is held.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding protocols and ensure all staff have had training at an appropriate level, in the safeguarding of children and vulnerable adults and understand the principles of the Mental Capacity Act 2005.

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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

The associate dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS). These were not fully distributed amongst all staff within the practice and the principal dentists were not aware of all recent safety alerts.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 40 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

No action



Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

The waiting area was equipped with dental advice and practice information leaflets, tea/coffee and water facilities and a child play area.

Dental care records were kept securely and computers were password protected.

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 dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had considered the needs of various population groups and implemented a hearing loop at reception, offered large print leaflets and had access to telephone interpreter services when required. A stair-lift was installed to enable people to ascend/descend the staircase and the practice could accommodate wheelchair users/pushchairs within their surgeries and patient toilet.

No action



Are services well-led?

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

The principal dentists were on-site every day of the week and were available by phone when not present. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The principal dentists kept all staff files, training logs and certificates on the premises; these were not complete for all members. There was no method of monitoring training.

There were regular quality checks of clinical and administration work; the practice undertook a range of audits and risk assessments.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



Belmont 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 took place on 10 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed the NHS England area team and Healthwatch County Durham that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with principal dentists, one associate dentist, three dental nurses and a receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were two accidents or incidents recorded by the practice within the last twelve months. We reviewed the records and found they contained an explanation of what occurred, when and what measures took place. These were not detailed to the same extent and we reiterated the importance of maintaining adequate records to the principal dentists. Staff meetings took place every six weeks where any accidents or incidents would be discussed so as to enable staff learning.

The associate dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS). These were not fully distributed amongst all staff within the practice and the principal dentists were not aware of all recent safety alerts. We advised the necessity of this for staff learning and the principal dentists assured us alerts would be received by them, discussed and shared from now forward.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment which was reviewed in August 2016. Traditional needles and syringes with protective guards were implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

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 should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding; contact details of the local authority and safeguarding teams for children and vulnerable adults were detailed in the policy. Staff told us their practice protocol and were confident to respond to issues should they arise. One of the principal dentists was the safeguarding lead and had undergone appropriate training. The principal dentists were not aware as to whether other members of staff had also undergone level one or two training as appropriate. We advised them of the importance of monitoring their staff in safeguarding training and the principal dentists recognised the need to do so.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the principal dentists.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry January 2017).

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Are services safe?

The practice kept medicines and equipment for use in a medical emergency in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept and a weekly check was implemented to check stock and expiry dates.

We checked the emergency medicines and found they were of the recommended type and were all in date. We found there wasn't sufficient adrenaline to treat an anaphylactic (allergic) emergency and one item of emergency equipment (self-inflating bag and mask for children) was not present. We notified the principal dentists of this and they immediately ordered these items on the inspection day.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We saw these checks were not weekly as per the Resuscitation Council (UK) guidance and brought this to the principal dentists' attention who agreed to change this from now on.

Staff recruitment

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found files held proof of identity, qualifications, immunisation status, indemnity and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. We found verbal references from previous employment were not documented and inductions were not consistently recorded. We also saw the principal dentists had sought verbal confirmation from the associate dentists about their renewal of GDC registration and had not carried out any confirmation checks. This was rectified immediately.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in accordance with the relevant legislation and guidance.

COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice had carried out extensive risk assessments for all materials on-site as required by the Health and Safety Executive. We saw annual reviews were in place in line with their risk assessment policy. The principal dentists had not been aware of the need to have access to all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident). We were told they would ensure these were available from now on.

We saw annual maintenance certificates of firefighting equipment including the current certificate from January 2016. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures. The practice had clear signs to show where evacuation points and fire exits were.

We saw the business continuity plan from had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

Are services safe?

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in December 2016. We saw measures such as monthly temperature recording were implemented and documented.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and clinical waste was collected on a regular basis.

We saw the practice used different coloured cleaning equipment to follow HTM0105 guidance. We found there were not sufficient mops on the inspection day and these were ordered immediately.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment in October 2016, X-ray machines in July 2016 and Portable Appliance Testing (PAT) in May 2014. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Medicines were stored in a secure and appropriate manner.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all staff were up to date with their continuing professional development training in respect of dental radiography. The principal dentists showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from 2015 to 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The principal dentists worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines. We found evidence to suggest the practice had systems in place that were equal to what was recommended in the FDGP guidance.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable. Staff were not fully aware of the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' and oral preventive measures were not completely documented in the records we checked. We brought this to the principal dentists' attention.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

The principal dentists were keen on providing oral health advice to children and had given talks to local schools and scouting groups within the last year.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in most staff files.

Working with other services

Dentists we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Are services effective?

(for example, treatment is effective)

Staff were not clear on the principles of the Mental Capacity Act 2005(MCA) and agreed they needed to refresh their knowledge. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

The concept of Gillick competence was clearly described to us. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 40 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a spare surgery or staff room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept securely in locked cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had carried out their own disability access audit in 2016. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Staff had access to a translation service where required and the reception was fitted with an audio induction loop. Large print leaflets and

glasses of varying prescription were available to aid vision. Wheelchair users and people with pushchairs could enter the premises via a portable ramp and a stair-lift was available to access the upper floor.

Access to the service

The practice's opening hours were open

Monday and Tuesday 8am - 7pm

Wednesday and Thursday 8am - 5pm

Friday 8am - 1pm.

These were displayed in their premises, in the practice information leaflet and on the practice website.

Patients commented they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received two complaints in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The principal dentists showed us their practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by on an annual basis and updates shared with staff to support the safe running of the service.

There were regular quality checks of clinical and administration work. 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.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, their practice risk assessment, health and safety risk assessment and fire risk assessment. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The overall leadership was provided by both principal dentists. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the Duty of Candour (a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm).

Learning and improvement

Staff meetings took place every six weeks. We saw minutes of meetings from the last three months were typed up and reflected a range of subjects being discussed.

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included staff and patient feedback, radiography, infection prevention and control and record keeping audits. We saw audits were carried out very thoroughly with results and action plans clearly detailed.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out either on an annual or bi-annual basis. We looked at staff files and saw evidence of appraisals. We also looked at training files and found these were not consistent for all staff. The principal dentists could not confirm whether all staff had training in infection prevention and control, safeguarding or radiography; there was no system to identify this such as a training matrix. A training matrix provides guidance for employers to identify employee training requirements. The principal dentists told us they would review this and implement a matrix to aid monitoring.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the practice surveys. Survey results were displayed in reception to show patients how their views have been considered.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.