

HSN Dental Care Limited

Montgomery House

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 November 2015 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

Montgomery House is situated in the Netherthorpe area of Sheffield. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided include preventative advice and treatment, routine restorative dental care and dental implants.

The practice is located on the first floor of the premises. There are four surgeries, a decontamination room, a waiting area and a reception area.

There are three dentists, a dental hygienist, a dental hygiene therapist, six dental nurses (one of whom was a trainee), a practice manager and a clinical director. The dental nurses also share reception duties. The practice also employ a cleaner.

The opening hours are Monday, Tuesday and Friday 8-30am to 5-30pm, Wednesday and Thursday 8-30am to 7-00pm.

The practice owner 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 spoke with three patients who used the service and reviewed 50 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

Our key findings were:

- Staff received training appropriate to their roles.
- Dental care records were detailed and 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.
- Patients were treated with care, respect and dignity.
- 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. Staff received training appropriate to their roles.
- The practice did not have buccal midazolam in the emergency medicines kit.
- Emergency equipment was not checked in line with current guidance.
- Tests on the autoclaves were not carried out in line with current guidance.

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

- Conduct and document the automatic control test and steam penetration test at the required intervals in line with HTM 01-05 guidance.
- Conduct the IPS audit every six months in line with HTM 01-05 guidance.
- Conduct a weekly check on the AED and the emergency oxygen cylinder.
- Aim to thoroughly check the medical emergency kit for out of date equipment.
- Aim to repair the floor in surgery three.
- Aim to record in the X-ray machine service record when adjustments to the dose have been made.
- Aim to analyse the data collected from the patient satisfaction survey.

We saw evidence after the inspection that all these points had been immediately addressed.

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). If patients were involved then they would be given an apology and informed of any actions as a result of the incident.

Staff had received training in safeguarding patients 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. However, emergency medicines were not in accordance with the British National Formulary (BNF) guidelines and the emergency equipment was not checked in line with Resuscitation Council UK guidelines.

Are services effective?

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 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 oral hygiene advice.

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

Are services caring?

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

We reviewed 50 completed CQC comments cards and spoke with three patients on the day of the inspection. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given.

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 fully explained to patients in a way which patients understood.

Are services responsive to people's needs?

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

Summary of findings

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.

Patients could access routine treatment and urgent care when required and at a time which suited them. The practice offered same day emergency appointments which enabled patients to receive treatment in a timely manner.

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 manager was responsible for the day to day running of the practice and they were supported by the clinical director.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, they had not completed the Infection Prevention Society (IPS) audit since October 2014.

They regularly undertook patient satisfaction surveys and also took part in the NHS Family and Friends Test (FFT). However, the most recent patient satisfaction survey the results had not been analysed.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

Montgomery House

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 access to remote advice from a specialist advisor.

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

During the inspection we spoke with three patients, two dentists, the dental hygiene therapist, two qualified dental

nurses, one trainee dental nurse 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 evidence of a complaint which had occurred within the last year. This had been documented, investigated, appropriate action taken and was reflected upon by the practice. As a result of the incident, the practice had completed further training in the area to help prevent the incident occurring again.

The practice manager 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 responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Any MHRA alerts were disseminated to all relevant staff and discussed at practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult 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. All staff had access to contact details for both child protection and adult safeguarding teams.

The clinical director was the safeguarding lead and all staff had received safeguarding training within the last 12 months. Staff were aware of the different types and signs of abuse and felt confident about raising any concerns with the safeguarding lead.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and guidance about the re-sheathing or needles.

Rubber dam was used during root canal procedures. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the operating field to increase the efficacy of the treatment and protect the patients' airway.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support as a team within the last 12 months. However, there was no in-date buccal midazolam available and no risk assessment for the non-use of it. The needles used for administering emergency adrenaline were also out of date. There was also no child sized oxygen mask.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the reception area. 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 monthly checks were carried out on the emergency medicines, AED and oxygen cylinder. The Resuscitation Council UK states that checks on resuscitation equipment will depend upon local circumstances but should be at least weekly.

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

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). In addition, there was employer's liability insurance.

Monitoring health & safety and responding to risks

Are services safe?

A health and safety policy and risk assessment was 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.

There were policies and procedures in place to manage risks at the practice. These included the use of equipment, fire evacuation procedures 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. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, 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)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

Staff 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. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. 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. We noted in surgery three that there was quite a large deficiency in the flooring on the dentist's side. Therefore, this area could not be effectively cleaned.

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.

The infection control lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfectant to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had some systems in place for quality testing the decontamination equipment. However, we did note that the automatic control test was not recorded for the autoclave and the steam penetration test was only conducted on a weekly basis. The practice used a data logger for the autoclave. This records the temperature and pressure of each cycle. HTM 01-05 states that if data loggers are used then the information recorded should be printed out and recorded in the decontamination log book. HTM 01-05 states that a steam penetration test should be conducted on autoclaves on a daily basis.

The practice had carried out the self- assessment audit in October 2014 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. However, it is recommended by HTM 01-05 that this audit is conducted every six months.

Are services safe?

Records showed a risk assessment process for Legionella had been carried out in November 2015 (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 of each session and between patients, monitoring cold and hot water temperatures each month and using water conditioning agents in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, the ultrasonic bath and dental chairs. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of regular servicing of the autoclave, the washer disinfectant and X-ray machines.

Portable appliance testing (PAT) had been completed in January 2015 (PAT confirms that electrical appliances are routinely checked for safety).

The practice also dispensed prescription medicines including antibiotics. These were kept in a locked cupboard to ensure their safety. The practice kept a log of all prescriptions given by each dentist to ensure that there were adequate stocks present at all times and safely given and in line with current guidelines.

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 and serviced when necessary. However, we saw that when the service recommended that the dose was adjusted for an X-ray machine the date that this was completed was not always documented.

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 the surgery and within the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out on an annual basis. This showed that X-rays which had been taken were generally of an acceptable quality and within the National Radiological Protection Board (NRPB) guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. During the course of our inspection we discussed patient care with the dentist 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. 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. For example, patients at higher risk of gum disease were recalled more frequently for a scale and polish and further oral hygiene advice.

Medical history checks were updated by each patient 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 dentists used markers on patients' dental care records to highlight if a patient had a particular medical condition which could affect dental treatment.

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 (selection criteria for dental radiography) before taking X-rays to ensure they were required and necessary. Justification for the taking of an 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 practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth. The practice used dental hygiene therapists who provided patients with in-depth

oral hygiene advice. When required, high fluoride toothpastes were prescribed. 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 saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation and dietary advice. 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. This included informing the new member of staff of the location of the medical emergency kits and the fire evacuation procedures. We saw evidence of the induction procedure having taken place for the newest member of staff.

Staff told us they had good access to ongoing 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 registered provider organised in-house training for staff to help them with their CPD requirements.

Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to for support and advice.

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 detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Patients with a suspected malignancy would be referred to a two week wait list for urgent attention. A copy of the referral letter

Are services effective?

(for example, treatment is effective)

was kept in the patient's dental care records. 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.

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. 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 described to us of a recent issue with regards to consent. As a result of this the staff had received further training about consent especially with regards to the principles of the Mental Capacity Act (MCA) 2005.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred.

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 witnessed interactions between patients and staff to be kind and caring.

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

Patients' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the care records were locked in cabinets when the practice was closed.

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. The dentists and dental hygiene therapist used models to help patients understand treatments and to aid in providing oral hygiene instruction.

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 within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist.

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.

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. The practice is located on the first floor of the premises; therefore, wheelchair access is not possible. This is made clear on the NHS choices website. The practice had placed two chairs between the two flights of stairs for patients with limited mobility to use if necessary. Staff were also always available to assist patients with limited mobility to climb the stairs. The practice also had an audio loop for patients with hearing difficulties.

Access to the service

The practice displayed its opening hours in the premises. The opening hours are Monday, Tuesday and Friday 8-30am to 5-30pm, Wednesday and Thursday 8-30am to 7-00pm .

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. When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed, patients who required emergency dental care were signposted to the NHS 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. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which helped ensure a timely response. This included acknowledging the complaint within three working days of its receipt 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.

Information for patients about how to raise a concern was available in the waiting room. This included contact details of external organisations for patients who were not satisfied with the response given by the practice.

We reviewed three complaints which had been received in the past 12 months and saw these had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient. We also saw that as a result of the complaints learning had been derived and disseminated to staff to prevent these incidents from occurring again.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service and they were supported by the clinical director. 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.

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 the safe handling of sharps.

There was a range of policies and procedures in use at the practice. However, not all the procedures were followed with regards to the decontamination process.

The practice held monthly staff meetings where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

There was a management structure in place to ensure that responsibilities of staff were clear. Staff told us that they generally felt supported; however, some staff felt that lines of communication could be better within the practice.

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 were discussed openly at staff meetings where appropriate and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager was generally 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 ethos.

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 clinical audits of dental care records and the quality of X-rays. The most recent clinical record audit showed the dentists were generally performing well. However, where issues had been identified an action plan had been formulated and a review date for the audit set.

The practice had carried out the self- assessment audit in October 2014 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. However, it is recommended by HTM 01-05 that this audit is conducted every six months.

Staff told us they had access to training and this was monitored 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.

The practice held monthly staff meetings where ways to make the practice more effective were discussed and learning was disseminated. All staff received annual appraisals at which performance, learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had some systems in place to seek and act upon feedback from patients using the service. These included carrying out an annual patient satisfaction survey. However, we saw that the results of the patient satisfaction survey completed in February 2015 had not been analysed. The practice also conducted the NHS Family and Friends Test and displayed their results in the waiting room which included comments from patients.