

Central England Specialist Referral Centre Ltd

Central England Specialist Referral Centre

Inspection Report

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Date of inspection visit: 24 March 2016

Date of publication: 06/06/2016

Overall summary

We carried out an announced comprehensive inspection on 24 March 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

Central England Specialist Referral Centre treats private and patients referred by other general dentists for dental Implants, Endodontics, Periodontics and Prosthodontics. The practice is located in Longbridge, Birmingham.

Another surgery, (Mr Stewart Hawkins also known as Hawkins & Wilson Dental Practice) was also located on the first floor of premises. Both practices shared resources including staff. The policies, systems and procedures at both practices are centrally managed and are reflective across both practices. For example, there was one reception but with separate telephone lines. Both practices are registered individually with CQC and therefore, each site has an individual report.

Central England Specialist Referral Centre was located on the ground floor with two treatment rooms, one was used by the principal dentist and the other was used by a hygienist and an associate dentist. On the ground floor there were also two treatment rooms mainly used to treat patients that were referred to the Central England

Summary of findings

Specialist Referral Centre. On the first floor there were also two treatment rooms. There was one reception area on the ground floor and two waiting areas, one on the first floor and one on the ground floor.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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. The principal dentist (nominated individual) was away on the day of the inspection and the visit was facilitated by staff and another dentist who worked closely with the nominated individual. However, we spoke with them after the inspection in regards to their sedation practice.

We received feedback from patients through 13 completed comment cards and we also spoke with five patients on the day of the inspection. We received positive feedback from patients we spoke with and the comment cards also reflected this. The feedback received was reflective of both practices as mentioned above.

Our key findings were:

- There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.

- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, dental laser and the X-ray equipment.
- We found the dentists and dental hygienist regularly assessed each patient's gum health and dentists took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- At our visit we observed staff were kind, caring and professional. Some staff had worked at the practice for a long time and demonstrated they knew patients well when they greeted them.
- There was an effective system in place to act on feedback received from patients and staff.

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

- Review the practice's waste handling procedure to ensure external locked waste bins are secured.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting 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 collected 13 completed comment cards. These provided a completely positive view of the service; we also spoke to five patients who also reflected these findings. All of the patients commented that positively about the quality of care. Treatments were explained clearly in detail and staff were caring and always ensured they were comfortable. We observed the staff to be very caring, friendly and professional. Most staff had worked at the practice for several years and demonstrated they understood patients' individual care and support needs. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

Although there were two separate dental practices within the building, the staff team worked as part of one team and patients could be treated on the ground floor to enable ease of access into the building for patients with mobility difficulties. There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

Are services well-led?

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

The dental practice had effective risk management structures in place. Staff told us the practice management team were always approachable and the culture within the practice was open and transparent. All staff were aware of the

Summary of findings

practice ethos and values and told us they felt well supported and able to raise any concerns where necessary. Staff could raise any concerns with the provider and other lead staff members and were confident it would be addressed. Most staff were longstanding and they told us that they enjoyed working at the practice and felt part of a team. A staff survey we looked at showed that staff thought positively about the practice.

Central England Specialist Referral Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

The inspection was carried out on 24 March 2016 by a CQC inspector. The team also included a specialist dental advisor.

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

As part of the inspection we spoke with people using the service, spoke with staff and observed and reviewed documents and policies. The practice only provided treatments on a private basis.

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 an adverse incident reporting policy and standard significant event analysis reporting forms for staff to complete when something went wrong.

We looked at examples of incidents and accidents that staff had recorded. These showed that staff had acted on things that had happened. Learning from incidents was covered in the practice policy and we saw that incidents and accidents were discussed at staff meetings. For example, there were four significant events recorded for 2016. One of the incidents related to staff taking out medicines from the first aid box and not recording that they had been removed. The significant event form noted that as a result the medicines were not replaced. This was discussed in the team meeting on 14 January 2016 and a staff member was designated to develop a better system for recording when medicines were removed. The staff member also ensured all staff followed the new procedure through checks.

Reliable safety systems and processes (including safeguarding)

The practice had comprehensive information available regarding safeguarding. For example, there was a policy which outlined procedures for reporting safeguarding concerns and contact information for the local multi-agency safeguarding hub (MASH) was available. There were multi agency referral forms available if the practice needed to make a disclosure. The safeguarding policy also included contact details for the local authorities in and out of hours safeguarding team as well as other social services. There was a named safeguarding lead for the practice, staff members we spoke with were aware of the lead and demonstrated to us their knowledge of how to recognise the signs of abuse and neglect.

Staff files we looked at showed that they had completed safeguarding training for adults and children during the previous year.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. The practice had three oxygen cylinders available. A portable cylinder and also a large

oxygen cylinder was available as the practice carried out specialist dental treatments under sedation. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

The practice had a recruitment policy that described the processes to follow when employing new staff. We checked the employment file of the member of staff most recently employed at the practice as well as three other staff. There were effective recruitment and selection procedures in place. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. DBS checks help to 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.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had used the services of an external contractor to carry out various risk assessments including fire, car parking and entrance risk assessment. For example, the car park risk assessment identified pot holes and low speed collision with pedestrians and this was addressed. The risk assessments were carried out in June 2015 by external contractors were due for review in July 2016.

Are services safe?

We observed fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found this to be comprehensive where risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. One of the dental nurses was the lead for infection prevention and control (IPC) who had completed appropriate training.

We saw that the dental treatment rooms, the decontamination room and the general environment were clean, tidy and clutter free. Patients commented positively about this on the comment cards and said the practice had high standards regarding this.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily and weekly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. We observed that the clinical waste bin was kept outside the practice. Although the waste bin was locked it had not been secured. One of the principal dentists present on the day of the inspection assured us that this would be addressed.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

Records showed a risk assessment process for Legionella had been carried out in March 2015. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. Legionella is a bacterium found in the environment which can contaminate water systems in buildings.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Equipment and medicines

We looked at the practice's maintenance information. This showed that they ensured each item of equipment was maintained in accordance with the manufacturer's instructions. This included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All electrical equipment had been PAT tested by an appropriate person. PAT is the abbreviation for 'portable appliance testing'.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients.

The practice carried out intravenous conscious sedation - (these are techniques in which the use of a drug or drugs

Are services safe?

produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice had a policy outlining the process and the medicines required to carry out the procedure. We spoke with the provider after the inspection who told us that they were aware of the guidance and were up to date with relevant training. From our discussions we found that the practice followed recommendations developed by the Society for the Advancement of Anaesthesia in Dentistry (SAAD).

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser (Public Health England) and had appointed a radiation protection supervisor (a partner).

We saw evidence that the dentists recorded the reasons for any X-rays they took and checked these to monitor the quality and accuracy of the images. We saw evidence that the practice monitored the quality of X-rays by carrying out audits. A recent audit showed the results were same for both providers (Hawkins and Wilson and Central England Referral Service). We discussed this with the practice and a staff member was assigned to contact the software manufacturer so that they were able to carry out separate audits for each dentist using the IT system. Other audits conducted between August 2015 and February 2016 for associate dentists showed satisfactory and consistent results.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We saw evidence that the dentists and other staff had attended IRMER training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

On the day of the inspection we spoke with one of the dentists who described the methods they used to make sure patients had the information they needed to be able to make an informed decision about treatment. They told us that they often used models, pictures and videos of patient's mouth using the intra-oral cameras fitted to the dental chair. Patients we spoke with on the day confirmed this.

Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition we saw evidence medical history was recorded and treatment options offered or discussed with patients.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The practice held regular meetings to discuss ways in which they could improve the care and treatment offered to patients.

After the inspection we spoke with the principal dentist in regards to the sedation practice. They explained to us they followed recognised guidance for sedation and for discharge of patients after sedation. For example, they explained that two nurses always monitored the patient and the patient was never allowed to leave premises alone. We were also told about the pre operative assessment and instructions that were given to patients. This was in line with recommendations developed by the Society for the Advancement of Anaesthesia in Dentistry (SAAD).

Health promotion & prevention

The dentist facilitating the inspection told us they placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall

philosophy. They told us that they regularly discussed oral health issues and how best patients should respond. They told us they used the intra-oral camera fitted to the dental chair to show patients any oral health issues and how to care for their oral health. Patients we spoke with on the day confirmed that they received oral health advice.

We were told that one of the hygienists carried out in practice displays and school visits to promote oral health to children.

Records we looked at showed that smoking cessation, alcohol use and weight management advice was given where appropriate.

The dentist told us that with added fluoride to water supply locally there was little need for high concentration fluoride toothpaste. However, we saw that this was advertised and available in the reception area. The practice also displayed and sold other products such as periodontal cleaning aids such as mouth wash and interdental brushes.

Staffing

Clinical staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies, safeguarding vulnerable children and adults and infection control and prevention. The practice provided specialist dental services under sedation and records we looked at showed relevant staff had attended training.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process; they felt well supported by the practice management team and they were given opportunities to learn and develop. For example, a staff member was attending a practice manager course offered by an external provider. This was being supported by the practice.

We looked at four staff records which contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status where appropriate.

Working with other services

Central England Referrals Centre was located in the same building as another general dental practice sharing

Are services effective?

(for example, treatment is effective)

resources and staff (Hawkins and Wilson). Both providers referred patients between the practices where relevant. Staff members we spoke with told us that practice system in place for referring patients worked well as there was clear and direct lines of communication. As a result patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice had a consent policy which discussed the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for health and care professionals to act and

make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We saw that staff members had completed online consent training including MCA. We also saw examples consent forms that were used with treatment plans detailing risks and benefits that discussed with patients.

Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff we spoke with explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were kept secured or shredded where appropriate once they had been scanned to the patients' electronic record. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able

to have confidential discussions about their care and treatment in one of the treatment rooms if it was required. Patients we spoke with told us that they had no concerns regarding confidentiality.

Involvement in decisions about care and treatment

We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients commented that they felt involved in any treatment decisions and all options were explained fully to them in a way they could understand before any decisions were made.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff reported the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us that there were sufficient number of staff and they did not feel under pressure to complete procedures quickly and always had enough time available to prepare for each patient. For example, we saw that patients could book one hour slots with the hygienist and staff members told us that this allowed them to take their time and discuss every option with patients. Patients we spoke with told us that treatments were not rushed and there was difference in the time they were given compared their previous experience in other practices.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

The feedback we received from patient comment cards was positive. Patients described their care as excellent; we were told that the dentist and all staff were professional, thorough and offered flexibility for appointments to meet people's needs.

Tackling inequity and promoting equality

The practice is located in a converted residential property which had a small step to gain entrance. However, we saw that there was a mobile ramp available for a patient using a wheelchair to access the building for treatment. There were two practices located in the building with treatment rooms on the first floor and on the ground floor. We spoke with one of the providers who told us that although they worked on the first floor there was always a treatment room available on the ground floor. If required they would swap treatment room on the ground floor.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due

to a language barrier they could arrange for a translation service. However, they told us that they rarely needed the use of a translator as most patients were able to speak English.

Staff members we spoke with told us that they knew their patients well and some of the patients we spoke with told us that they had been coming to the practice for a number of years. Two patients told us that even though they had moved to another city they still came back to use the services of the dentist. Staff told us they were aware of patient needs and notes on their record stated if they needed to be seen on the ground floor. Staff members also gave a specific example of a patient who needed appointments in the afternoon due to their medical condition.

The practice had also carried out an access audit taking into account the requirements of the Equality Act 2010 in September 2015. The practice had identified the need to widen the doors to the toilet as they were not suitable for patients using a wheelchair. The provider we spoke with told us that they had recently sold the practice and they would be forwarding the action identified to the new provider.

Access to the service

There was arrangement for access care in an emergency outside of normal working hours and patients were informed of this through notices. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. This was reflected in patients' feedback we reviewed. The practice was also open on Saturdays which provided greater access to treatment.

We saw evidence that practice carried out monthly referral audits to ensure there were minimal delays in patients being booked for consultations after referral from other dental practices. We were told that if delays were identified, the dentist would work extra sessions to ensure patients were seen timely.

Concerns & complaints

There was a complaints policy displayed in the reception area and provided patients with information about making a complaint and how the complaint would be dealt with by

Are services responsive to people's needs?

(for example, to feedback?)

the practice. The complaints process also included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice had not received any complaint for 2016 but had received six complaints for 2015. We saw the practice

procedure for acknowledging, recording, investigating and responding to complaints and concerns made by patients was effective and timely. For example, one patient had complained regarding the small font on the letter they had received from the practice. We saw that this was discussed in the staff meeting and the font size was changed.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements which included systems to ensure risks were identified, understood and managed appropriately. Relevant policies and procedures were in place which were reviewed and updated on a regular basis. Policies available included safeguarding, recruitment, infection prevention and control and health and safety. Staff were aware of the location of the policy folder and confirmed that it was easily accessible. Staff confirmed that the provider was always available to provide advice and guidance if required. There was a list of staff with their roles in each staff folder in case they needed to seek further advice. Records of training attended were available to ensure staff were competent in carrying out certain tasks such as hand hygiene, infection control, confidentiality, data protection, basic life support.

As well as regular scheduled risk assessments, the practice undertook both clinical and non-clinical audits. These included infection prevention and control, radiography, and referral waiting times.

Leadership, openness and transparency

There was an effective management structure in place to ensure that responsibilities of staff were clear. The provider was overall in charge of decision making within the practice. There was no practice manager but there were lead staff members who took responsibility for either administration or clinical issues such as complaints, infection control and safeguarding. There was a list of staff members with lead roles available for all staff.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or a senior staff member without fear of recrimination. There was a high staff retention rate at the practice and many staff had worked at the practice a number of years.

The practice was relocating from its current building and the current arrangement of sharing resources including staff would no longer exist with the other provider. Staff members were aware of the changes. To prepare for the

changes and to ensure an appropriate leadership team was in place, one of the senior staff members was being supported to attend a practice manager course delivered by an external provider.

Learning and improvement

We found that there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included important areas such as infection prevention and control, radiography, equipment maintenance and waiting times after referrals.

There were weekly formal practice meetings which were held to discuss key issues on a specific day. On the day of the inspection we saw the practice held a meeting and all staff attended.

Dentists and dental nurses completed training to support their continuous professional development (CPD). We saw that CPD logs were available which recorded the number of hours of training staff had completed. CPD must be completed for continued registration with the General Dental Council (GDC). We saw a staff member was being supported to attend practice a management course delivered by an external provider. This was part of the succession planning as changes to the location current practice structure were due to take effect.

The practice had conducted a sedation audit which showed that of the number of sedation procedures carried out since October 2015 there had been no complications reported.

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

The practice had conducted a 'staff concerns audit' in 2015. Minutes of meeting we looked at showed that staff identified issues regarding dirty visors and uniforms being left in the office as an infection control issue so that it could be better addressed.

The practice had also undertaken a patient survey in 2015 with 44 patients. We saw that 100% of patients said they would recommend the practice. Patients also fed back that they wanted free Wi-Fi in the practice. However, the survey analysis acknowledged that the practice had already offered free Wi-Fi to patients. As a response the practice decided to put up larger signs to in prominent places in the practice to inform patients of the availability of Wi-Fi. We saw evidence of this during our inspection

Are services well-led?

The practice had conducted a 'staff concern audit' and one of the areas staff were asked to feedback on were whether the practice was getting better at developing people. The results showed that 75% of staff felt that the practice was getting better at developing people while 19% felt it was the same.

Post-operative surveys were also conducted by sending a self-addressed envelope to patients. We saw surveys with the feedback in folders in the reception area for the benefit of other patients. Surveys we looked at showed that patients were pleased with the outcome after their treatment.

There was opportunity for patients to provide feedback through a suggestion box. We saw that the practice had responded to patient comments and had fed back to patients through a leaflet available in the reception area. For example, the practice informed patients that they had put a bike rack in the car park as requested. The practice had purchased a small range of magnifying glasses because patients often forgot to take their glasses. Other examples included the installation of television news channel as patients found the DVD playing in the waiting room repetitive and boring.