Mr. John Rider

The Village Dental Practice

Inspection Report

Kingswood Way
Great Denham
Bedford
MK40 4GH
Tel: 01234244013
Website: www.villagedentistry.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 29 October 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

The Village Dental Practice was a private dental practice situated in the new village of Great Denham on the outskirts of Bedford. It was situated on the first floor of the medical centre of the same name. There was lift access to the practice from the medical centre downstairs.

The practice has one surgery and offered a wide range of dental treatment, including the provision of dental implants and myofunctional orthodontics (this is where appliances, in conjunction with exercises, are used to train and modify the growth patterns of a child with crowded teeth, which may reduce the need to undergo conventional orthodontics), as well as general dentistry for adults and children. Intravenous sedation is offered and was carried out by a visiting medical anaesthetics provider who is registered with the Care Quality Commission.

The practice staff includes a principal dentist who works four days a week, a prosthodontist who visits monthly, an associate dentist who works at the practice six months of the year and a hygienist who works one day a week. These staff are supported by two qualified dental nurses, a practice manager and three other administrative staff. Following our visit we have received information that some of the staff working hours have altered.

The surgery is open from 9.00 am to 5.00pm on Monday, Tuesday, Wednesday and Friday and from 10.00am to 6.00pm on Thursday

Summary of findings

The principal dentist 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.

We received feedback from a total of 37 patients, all of which was overwhelmingly positive. Comments were made that the staff were friendly and caring, made them feel at ease and always treated them with dignity and respect. Patients commented on how involved they felt with their care and treatment options were always explained to them fully.

Our key findings were:

- The practice had systems in place to assess and manage risk to patients and staff.
- Patients were treated with care, dignity and respect.
- Patients were involved in decisions about their care.
- There was good communication between the practice staff, who worked as a team
- The practice demonstrated a good understanding of child protection and safeguarding vulnerable adults.

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

- Increase the frequency of the infection control audits from yearly to six monthly in line with the requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05)
- Arrange an external risk assessment of the risk of Legionella contamination, with particular reference to the dental water lines.
- Monitor and record the temperatures of the fridge where a temperature sensitive medication is stored.
- Arrange for staff to undertake training in 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.

The practice had systems in place for the management of infection control, clinical waste and medical emergencies.

Staff were confident and trained to recognise the signs of abuse and who to report to should they have concerns.

A Legionella risk assessment was in place, but was not specific to the dental practice setting.

Systems were in place to ensure that the radiation dose to patients when taking X-rays was as low as reasonably possible.

Are services effective?

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

The dental care records were found to be accurate and detailed. Referrals were made to relevant dental care specialists appropriately.

Staff were supported in retaining their professional registrations and in meeting the training requirements set out by the General Dental Council.

The practice kept up to date with current guidelines and research. For example referring to the National Institute for Clinical Excellence guidelines in setting recall intervals for patients.

Are services caring?

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

We observed that staff were helpful, caring and considerate to the needs of the individual patients. Feedback we received from patients told us that they felt involved in their care; options were always explained to them which included risks and benefits as well as costs involved.

Are services responsive to people's needs?

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

Appointment times met the needs of patients, and emergency appointments were made available to patients when they were required. The principal dentist gave his mobile phone number to patients to contact him out of hours in the event of an emergency.

The practice had systems to invite comments from patients and a clear complaints procedure outlined to all patients in their personal practice information folder.

Are services well-led?

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

There were effective risk management and clinical governance systems in place.

The practice demonstrated an open and transparent culture of continual learning and improvement.

Feedback from patients was recorded and actioned where possible.

The Village 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 29/10/2015. The inspection was led by a dentally qualified CQC inspector, an inspection manager and a dental specialist advisor made up the inspection team.

We informed Healthwatch that we were inspecting the practice; we did not receive any information of concern from them. The provider is opening new premises; therefore our registration team had recently met with him. Our registration team reported no areas of concern following their meeting with the provider.

During our inspection we interviewed members of staff regarding their practise, policies and procedures. We spoke with people using the service and their relatives, observed the workings of the practice and reviewed their documentation.

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 open and transparent way of working. Staff were actively encouraged to raise any concerns to the principal dentist or practice manager.

The practice used a range of information to identify risk and improve patient safety. The significant incident reporting was comprehensive. Actions taken following incidents were recorded, as were learning outcomes. The logs indicated that apologies and follow up conversations with patients had been carried out in an appropriate and timely manner.

Staff were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager informed us how they would make such a report. There had not been any such incidents in the past 12 months.

The practice received alerts from the Medicines and Healthcare products Regulatory Service (MHRA) these were e-mailed to the practice manager who disseminated relevant alerts to the staff via their e-mail.

Learning objectives and alerts were shared with staff through regular staff meetings. We saw evidence of this in the minutes of these meetings.

Reliable safety systems and processes (including safeguarding)

The practice had robust policies and procedures in place for child protection and safeguarding vulnerable adults. This included a contact list of relevant authorities easily accessible in the practice communication book on reception. These contacts included the out of hours emergency team, the local authority designated officer and support services contacts for homelessness, drug and alcohol addiction.

The principal dentist was designated safeguarding lead for the practice. The principal dentist, practice manager and dental nurse had all undergone enhanced training in child protection and safeguarding vulnerable adults.

We spoke with staff about signs that may lead them to believe a child or vulnerable adult was at risk, and what action they would take in such circumstances. Staff we spoke with had a good understanding of what to look out for, and how to raise a safeguarding concern.

The practice had a whistleblowing policy readily accessible; this gave guidance to staff who wished to raise concerns regarding other's performance and behaviours.

The dentists in the practice used rubber dam when carrying out root canal treatment. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment; it prevents the patient from inhaling or swallowing debris or small instruments. Use of rubber dam for this kind of dental work is recommended by The British Endodontic Society.

The dentist was using a re-sheathing device to safely dispose sharps. This was in accordance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Responsibility for dealing with and disposing of the sharps lay with the dentist, and never the dental nurses. In this way the risk of a sharps injury was mitigated.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available in the building. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. This was stored and maintained in the treatment room of the medical practice downstairs along with oxygen and other emergency equipment as outlined in the guidance by the issued Resuscitation Council UK. The dental team had an emergency buzzer that would alert the medical centre that they had a medical emergency, at which point staff from the medical centre would attend with the emergency kit.

The dental practice maintained their own emergency drugs in accordance with the British National Formulary (BNF). These were found to be complete, stored appropriately and in date, with the exception of buccal midazolam (a drug used to stop seizures in an epileptic patient) which was missing from the emergency drugs. Following the inspection we have received an email from the provider that this had been rectified.

Are services safe?

Staff underwent regular training in basic life support, with their next refresher scheduled for the week following the inspection.

Staff recruitment

The practice had a recruitment policy in place that outlined the standards to be followed when recruiting new staff.

Five staff files were checked and found to be compliant with the requirements of schedule three of the Health and Social Care Act 2008. Disclosure and Barring Service (DBS) checks had been performed on appropriate staff members. These would disclose whether the staff member had a criminal record, or were on an official list of people barred from working in a health or social care setting. Proof of identification, references, qualifications and proof of registration with the appropriate professional body were all found to be in place.

In addition, staff induction policies were noted for nursing staff and reception staff. There was evidence in the staff files of the induction process.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

The practice had a health and safety policy in place which had most recently been reviewed 24/08/2015. A Health and Safety Law poster was displayed in the reception area with contact information filled in.

A building wide fire policy was kept downstairs in the medical centre. Staff were able to access it, and staff we spoke with were able to describe the evacuation procedures and fire equipment available to them. Fire extinguishers were found to be regularly serviced and staff had carried out an unannounced evacuation of the building within the last year.

There were systems in place to ensure that peoples' confidential information was protected. Policies were available regarding confidentiality, data protection and sharing information. Dental care records were stored electronically, and were password protected to ensure they were kept secure.

The practice had a comprehensive business continuity plan, which would ensure continuity of care in the event that the practice's premises could not be used for some reason.

There were adequate arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a comprehensive file of information pertaining to hazardous substances used in the practice, and actions described to minimise the risk to staff, patients and visitors.

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 cleaning, sterilising, and storage of dental instruments and reviewed their policies and procedures.

There was an infection control policy in place which detailed the decontamination pathway, minimising blood-borne virus transmission, work surfaces, hand hygiene, clinical waste disposal, use of personal protective equipment (PPE) procedures following a spillage of blood, and environmental cleaning.

Decontamination is the process by which contaminated instruments are washed, inspected, sterilised and packaged ready for use again. The practice did not have a separate decontamination room and were therefore cleaning and sterilising equipment in the treatment room. Steps had been taken within the appointment scheduling to allow time for decontamination procedures to take place when there wasn't a patient in the room. In addition the decontamination area was situated as far from the clinical area as possible within the confines of the room.

There was a clear flow from dirty to clean along the decontamination area. The dental nurse talked us through how decontamination was achieved. Washing of the instruments was carried out by use of a lidded ultrasonic cleaner. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound passing through a liquid.

There was a removable bowl available to place in the sink for manual washing of the instruments, and a thermometer to ensure that the water temperature was not in excess of

Are services safe?

45 degrees Celsius for this task (If the water temperature exceeds 45 degrees Celsius it will prevent the effective removal of protein contaminants from the instruments). Instruments were then rinsed and inspected under a free standing, illuminated magnifying glass to check for any residual debris or damage to the instruments. Once instruments had passed this visual examination, they were dried with a lint free cloth and placed in pouches for sterilising.

The practice used a Type B vacuum autoclave to sterilise the instruments. This type of autoclave allows instruments to be sterilised in sealed pouches so that they are not handled again.

Instruments were date stamped indicating how long they could be stored before the sterilisation became ineffective.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us paperwork they used to record and monitor these checks. A test strip was placed in the autoclave with every load that was sterilised. These indicated that the autoclave reached the correct temperature and pressure to ensure sterilisation, and the strips were logged so sterilisation could be assured over time. In addition, a daily steam penetration test was carried out and logged.

The ultrasonic cleaner underwent quarterly foil testing (a test that would indicate if the ultrasonic cleaner was starting to clean unevenly) and weekly protein residue tests were carried out on instruments that had been through the ultrasonic cleaner (any residual protein would indicate that cleaning has not been fully effective) These tests were in line with HTM01-05.

We saw that the practice reception, treatment room and decontamination area were visibly clean and clutter free. The clinical area had sealed flooring that was in a good state of repair.

There was adequate personal protective equipment (PPE) available including aprons, face and eye protection and gloves. The treatment room had a designated hand wash sink which was separate from those used for cleaning instruments. A hand washing poster was displayed, and alcohol gel was available.

Records showed that a Legionella risk assessment had been carried out by an external contractor employed by the medical centre to check the building. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The medical practice were checking the mains water temperatures to reduce the risk of contamination. There was no mention in the assessment of the dental water lines, and although the practice was regularly disinfecting the water lines the inspection team could not be entirely satisfied that the measures undertaken to reduce the risk of Legionella contamination were comprehensive enough without a specific risk assessment having been carried out for the dental practice.

All clinical staff had been effectively vaccinated against Hepatitis B (a virus that is carried in the blood and may be transmitted person to person by blood on blood exposure). Evidence of this was retained in the staff files.

The practice demonstrated appropriate storage and disposal of some of their clinical waste and sharps. Waste consignment notices were seen pertaining to the removal of mercury amalgam and teeth. The practice was currently storing all their gypsum models whilst they arrange a waste contractor to remove them. Clinical waste and sharps bins were removed by a waste contractor employed by the medical centre, tracking records were made and retained by the dental practice, so that clinical waste could be traced back to the practice if the need ever arose.

Equipment and medicines

We saw the practice had equipment to enable them to carry out the range of treatments they provided. They had a surgical drill unit and sterile saline for the placement of dental implants.

Temperature sensitive medicines were stored in a designated fridge; however the temperature of the fridge was not monitored to ensure the medication was stored at the correct temperature. Following inspection the practice has contacted us to inform us that daily monitoring of the fridge temperature is now taking place.

The equipment at the practice was regularly serviced and well maintained. The autoclave and compressor and dental chair have been serviced this year.

Portable appliance testing (PAT) was carried out annually in line with the medical centre on site.

Radiography (X-rays)

Are services safe?

The practice kept a radiation protection file in relation to the safe use and maintenance of X-ray equipment. They used a digital X-ray set so images could be viewed immediately.

The local rules pertaining to the X-ray set were available both in the file, and also displayed on the wall alongside the X-ray set. The practice had in place a Radiation Protection Advisor and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 (IRR99). Included in the file were the critical examination pack for the X-ray set, and appropriate notification to the Health and Safety executive. Training for the dental team was up to date.

The practice demonstrated they were working in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). Radiographs were quality assured and audited to ensure consistent good quality. The most recent audit of X-rays was 2015. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings. In this way the effective dose of radiation to the patient was kept as low as reasonably possible.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and samples of dental care records were checked.

We found that all patient examinations included assessment of the soft tissues of the mouth, and an assessment of the Tempero-Mandibular Joint (TMJ) this is the joint the attaches the jaw bone to the skull in front of the ears. Problems such as clicking or locking of this joint can cause functional problems as well as severe headaches and pain.

The dentist regularly checked patients' gum health by undertaking a basic periodontal examination (BPE) at every check-up. This is a screening tool that identifies concerns with gum health and triggers further examination or treatment if necessary.

Patients were asked to fill in a comprehensive medical history form; this was checked verbally and updated on the computer at every appointment. This kept the dentist reliably informed of any changes to the health of the patient which could impact decisions made about their care.

We received significant feedback from the patients about the practice. One of the common themes of the feedback was the involvement of the patients in the decision making regarding their care, and how the dentist always took the time to explain everything to them.

The practice kept up to date with current guidelines and research. They referred to the National Institute for Clinical Excellence (NICE), for example, in deciding recall intervals, the necessity of antibiotic prescribing, and wisdom tooth removal. Recall intervals were discussed with patients and recorded in the patient notes.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. An assessment of the oral hygiene of the patient was recorded in the dental care record.

The principal dentist took the lead in health promotion. The practice engaged children by involving them in the "September is Colgate month" message with posters in the waiting room. The principal dentist had recently visited a local school to give an oral health talk to the younger year groups. A disposable mouth mirror was given to every child when they first attended the practice; this served as a good way to engage children in their oral health and also to become familiar with a crucial piece of dental equipment.

Free samples of toothpaste were available in the surgery and afforded the dentist an opportunity to discuss individual oral health needs with the patients. A patient we spoke with on the day commented that they received good advice from the dentist for maintaining healthy teeth and preventing disease.

Patients were asked to fill out a social habits form when registering as a new patient; this included smoking and alcohol habits from which the oral cancer risk could be assessed. In this way the dentist is able to advise patients in a wider health context, and individual to their needs.

Staffing

Staff told us they had good access to on-going training to support their skill level. Staff were supported to maintain the continuous professional development (CPD) requirements made by the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD, including mandatory requirements pertaining to medical emergencies and infection control.

We saw evidence that staff received appraisals, although not at regular intervals. Staff we spoke with explained that they were always supported in their training needs and felt they could engage with the principal dentist or practice manager informally at any time.

The practice demonstrated a four week induction programme for new staff, which detailed appropriate levels of supervision and support for new starters. During induction staff were introduced to the practice policies and procedures including fire awareness. We saw evidence in the staff files of the induction process having taken place.

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. Referrals were made to hospital in accordance with the guidance from the National Institute of Clinical Excellence (NICE). Referrals were also made for specialist periodontal treatment where patients exhibited significant

Are services effective?

(for example, treatment is effective)

gum disease. A visiting dentist to the practice offered placement of dental implants including "all on four" cases where a patient receives a full set of denture teeth supported on four dental implants.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff we spoke with told us that all treatment options were discussed in detail, including the risks and benefits of a particular treatment option and costs involved before decisions were made. Written treatment plans were provided and patients were encouraged to file them in their patient folder, and take time to consider them before agreeing to start treatment.

Dental care records that we looked at confirmed good recording of these conversations and the options given to the patients. Patients we spoke with on the day also commented on how involved they felt with their care and how well the options for care were explained to them.

The dental staff demonstrated limited understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with had some understanding of their responsibilities of the dental team in making a 'best interests' decision on behalf of a patient who lacked the capacity to consent for themselves.

Staff demonstrated understanding that a patient's ability to consent for themselves can alter from visit to visit, and so a decision that a patient lacked capacity in the past is not necessarily relevant today.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 37 patients. Patients described the staff as caring, friendly and professional, and commented that they were treated with dignity and respect.

Patients were made to feel at ease by the staff, and even those that had bad experiences elsewhere felt comfortable with this team. Patients felt listened to and supported.

The staff had measures in place to ensure that patients felt cared for, for example we found reference in the communication book to call the parent of a child who had a tooth removed the previous day and see how they were following the extraction.

We observed staff were welcoming and helpful when patients arrived for their appointments. A member of staff would always go downstairs to greet the patient and escort them to the surgery. Likewise when treatment had finished they were escorted back downstairs again. We observed that the staff clearly knew the patients well.

The practice took steps to engage children in their mouth care. We observed new children to the practice being given a disposable mouth mirror to take home. Patients with children commented that their children were happy to come to the dentist.

Patient records were stored electronically, and password protected. Staff had good understanding of the importance of data protection and confidentiality. Patients were only escorted upstairs when the dentist was ready to receive them, and we observed that the treatment room door was always closed when a patient was in there.

Involvement in decisions about care and treatment

When a patient joined the practice they were provided with practice information in a ring binder folder. Contained within this folder was information on opening times, staff profiles and a price list of treatments. Patients were encouraged to file their treatment plans in this folder so they could refer back to it if necessary.

Comments were made to us by patients that they were always provided with detailed explanations of the treatment options available to them. In addition the practice used an intra-oral camera to give a visual explanation of any issues.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We found the practice to have an efficient appointments system to allow enough time to assess and meet patients' needs.

Patients we spoke with detailed how the dentist was very accommodating when it came to arranging appointments, particularly involving children. Patients received text message reminders of appointments.

Patients of the practice were provided with the principal dentist's mobile phone number for use out of hours should they have an emergency. This was printed in the new patient folder provided to each patient on first joining the practice. In this way the patient's emergency needs were met 24 hours a day by their own dentist.

Tackling inequity and promoting equality

Staff told us they welcomed patients from diverse backgrounds and cultures, and they were all treated according to their needs. At the time of the inspection they did not have any patients that required a translator, but were aware to acquire interpreting services should the need arise.

The practice was situated on the first floor; however a lift was available to the patients so this did not hinder access to the service. Patients were always met by a member of staff downstairs and escorted to the surgery.

The practice had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients.

Access to the service

The practice was open from 9.00 am to 5.00 pm Monday, Tuesday, Wednesday and Friday and from 10.00 am to 6.00 pm on a Thursday. The practice displayed its opening hours on its website and in the patient information folder provider to each patient.

Emergency appointments were held aside each day to accommodate urgent cases. The dentist informed us that even if these had been taken the appointments are scheduled in such a way that they were able to fit emergency patients in without impacting on the rest of the service.

Concerns & complaints

The practice had a comprehensive complaints policy which directed staff in how to handle complaints in a timely manner. Information for the patients in how to complain was available in the practice and also in the patients' individual folder provided to them by the practice.

There had been one complaint in the last 12 months and this had been dealt with in accordance with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist took responsibility for the overall leadership in the practice, leading on clinical, management and quality monitoring roles including safeguarding and infection control. They were supported by the practice manager, who deputised in their absence.

Staff told us they were clear about their roles and responsibilities. They said they enjoyed working at the practice and felt that the communication across the team worked exceptionally well. We noted good arrangements in place for sharing information across the practice. A comprehensive communications book detailed day to day points that arose, and was read by all staff as they came on shift. Practice meetings were held on a regular basis and minutes recorded and shared.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. These included child protection, safeguarding vulnerable adults, medicines management and a social media policy. All policies were found to be up to date and recently reviewed.

In addition risk assessments were in place to minimise risks to staff, patients and visitors to the practice; fire safety and control of substances hazardous to health.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable in raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so.

Staff demonstrated knowledge of the whistleblowing policy. They felt confident they would raise a concern about another member of staff's performance or behaviour if it was necessary.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. An audit schedule was in place to ensure that essential monitoring of services was undertaken regularly. The inspection team saw audits pertaining to quality of X-ray images, clinical record keeping, environmental cleaning and yearly infection control audits. The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) requires infection control audits to be carried out six monthly.

We observed that essential training requirements for the individual staff were monitored by the practice manager to ensure they were kept up to date. Staff were supported to fulfil the General Dental Council (GDC) requirements in continuing professional development (CPD) Training had been carried out in the last year pertaining to basic life support, safeguarding vulnerable adults and child protection.

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

The practice took into account the views of patients and visitors via feedback from patient surveys, as well as comments and complaints received when planning and delivering services. We saw that the practice responded positively to the comments and took steps to make changes. For example, a patient had phoned in on a Monday morning in pain. There was no dentist available at the practice on the Monday morning, as it is the hygienist clinic. The patient commented that if that had been made clear in the patient information folder she would have called as an emergency over the weekend. This comment was recorded and consideration given to amending the website and patient information documents to make it clear when a dentist is available at the practice.

The practice gathered feedback from staff via staff meetings, appraisals and informal conversations within this small and close team.