The Brewery Yard Surgery Limited

Brewery Yard Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 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

Brewery Yard Dental Surgery is situated in a converted building in Stow on The Wold, Gloucestershire. It provides private dental care. The practice clinical team comprises of the principal dentist, a part time dentist and two qualified dental nurses. The clinical team are supported by a dental receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as 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.

The practice has two dental treatment rooms. The reception area and main waiting room are on the ground floor alongside one surgery and a patient toilet.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 15 completed cards. Without exception patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences

Summary of findings

they had at the practice and told us the practice team were professional, caring and first class. Many patients specifically commented that the practice was welcoming, clean and tidy.

Our key findings were:

- Patients who completed CQC comment cards were all positive about the practice team and the care and treatment provided.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice was visibly clean and an employed cleaner was responsible for the day to day cleaning.
- The practice had well organised systems to assess and manage infection prevention and control. However there was no process in place for managing blood or bodily fluid spillages and the use of hypochlorite solution as detailed in the Department of Health infection control and prevention Code of Practice.
- The practice had appropriate safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable for their roles.
- Dental care records provided comprehensive information about patients care and treatment.
- Staff received training appropriate to their roles and were supported in their continuing professional development.
- Patients were able to make routine and emergency appointments when required.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

- Review the management of blood and bodily fluid spillages and the use of hypochlorite solution as described in current guidance within the practice.

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 took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment and dental radiography (X-rays).

Staff were aware of their responsibilities relating to child protection and adult safeguarding and all staff identified the practice safeguarding lead professional. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patient's views from 15 completed Care Quality Commission comment cards. These all described positive views about the service. All cards contained detailed comments describing high quality care delivered by a caring and professional team. Patients also commented about the practice being welcoming, clean and tidy.

During the inspection we saw staff showed a caring and respectful attitude towards patients.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand. All patients we received feedback from told us they had always been happy with their care and always received professional treatment at the practice.

The practice was accessible for patients with disabilities and staff ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment, urgent and emergency care when required.

Summary of findings

Are services well-led?

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

The practice had arrangements for managing and monitoring the quality of the service including relevant policies and processes. The principal dentist was responsible for practice management and understood their responsibilities for the day to day running of the practice.

Staff told us that they felt well supported and could raise any concerns with the principal dentist. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had a warm and friendly atmosphere and we observed the staff worked well together as a team.

Brewery Yard Dental Surgery

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 March 2016 by a lead CQC inspector and a specialist dental advisor. Before the inspection we reviewed information we held about the provider and information we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including the principal dentist, two dental nurses and a receptionist.

We reviewed a range of policies and procedures and other documents and read the comments made by 15 patients on comment cards provided by CQC before the inspection.

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 nurse described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations).The practice had a significant event policy and forms to provide guidance to staff about reporting and recording significant events. The practice did not have a log of significant events; the practice nurse assured us this was due to there being no problems, incidents or complaints which needed to be recorded as significant events.

The practice had robust systems and policies in place for handling complaints and accidents. We were informed that they had received no formal complaints within the past three years and had one recordable accident where learning would be shared at the next staff meeting.

The practice staff had a process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency.

Reliable safety systems and processes (including safeguarding)

Staff members were aware of how to recognise potential concerns relating to the safety and well-being of children, young people and vulnerable adults. All members of the practice team had completed safeguarding training. Staff we spoke with were able to identify their practice safeguarding lead professional.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Gloucestershire. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. All staff had signed and dated to confirm they were aware of and understood this policy.

The principal dentist confirmed they used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

We spoke to a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice had emergency medicines as set out in the British National Formulary guidance and these were stored appropriately. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The practice receptionist was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked and in date.

Staff had completed first aid and annual basic life support training and training in how to use the defibrillator in October 2015. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for three staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover,

immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks 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.

The principal dentist had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

The practice had carried out a fire risk assessment in December 2015. Fire procedures were displayed throughout the building and we observed weekly emergency lighting, fire door and smoke detector checks were carried out routinely by a practice nurse. The practice carried out monthly fire drills which were discussed at practice meetings, the last fire drill was completed in March 2016. External specialist companies were contracted to service and maintain the smoke detectors, intruder alarm and fire extinguishers. We saw annual servicing records for these which were all within the last year.

The practice had detailed information about the control of substances hazardous to health (COSHH). These were well organised and easy for staff to access when needed. The records showed that these were last reviewed in January 2016.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice employed someone to carry out the general cleaning in the building which we observed to be visibly clean and tidy. However we noted that they came in twice a week. We were advised that the staff members carried out cleaning duties in line with the cleaning schedule on the days that the cleaner was not present. Evidence of signed logs was seen to support this information. We observed the practice to be clean and tidy and all cleaning materials were appropriately stored within the practice.

The practice had an infection prevention and control (IPC) policy and two infection control lead professionals who were responsible for completing the IPC audits. We saw evidence the last IPC audit was completed using the Infection Prevention Society format in January 2016, the audit identified that the practice did not have blood or body fluid spillage kit, this was still to be implemented at the time of our inspection. 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.

There was a decontamination area situated at the rear of the upstairs treatment room which was used for cleaning, sterilising and packing instruments. We saw a quotation and plan for a new decontamination suite which the principal dentist advised was due to be installed this year. There was clear separation of clean and dirty areas in both treatment rooms. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted the practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclave used in the decontamination process was working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the

Are services safe?

validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. We saw the last PPE audit was carried out in January 2016 and appropriate analysis was completed. There was a hand hygiene poster displayed above all hand wash basins and the last hand hygiene audit was carried out in January 2016.

The practice had a Legionella risk assessment carried out by a specialist company in July 2014 and had completed all the recommended work. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and documentary evidence was seen to support this.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The principal dentist had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

Equipment and medicines

We saw maintenance records which showed equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, laboratory equipment, the compressor and the practice boilers. Portable electrical appliances had been tested in August 2015 to make sure they were safe to use.

We saw the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients dental care records as expected.

Due to providing private care for private patients the practice did not provide patients with prescriptions but did keep antibiotics in stock to dispense direct. These were stored securely and the practice kept records of the name, batch number, expiry date and quantity of all medicines held. This information was then recorded when medicines were dispensed together with the names of the patients concerned.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. However, the practice did not have the local rules local rules in place, these were emailed to us the day after our inspection and are now in place at the practice.

We also could not see the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building. This may have been because the equipment was in place from a previous provider. However, the practice immediately sent their information to HSE to be sure and sent us confirmation the day after the inspection that the HSE had acknowledged this. The records showed the required maintenance of the X-ray equipment was carried out.

We saw training records which confirmed the dentists had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took and this was last completed in January 2016. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the principal dentist who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

We looked at five comprehensive treatment plans for patients which reflected their dental needs. These were well documented, concise and easy to follow. We saw the dental care records contained the required details of the dentist's assessment of patients tooth and gum health, medical history and consent to treatment. Patients were asked to complete a medical history form at the start of each course of treatment. We saw evidence that demonstrated at each visit the dentists asked patients whether there had been any changes to their medical history.

Health promotion & prevention

The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The clinical team included two dental nurses who supported two dentists in delivering preventative dental care. Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

The principal dentist confirmed they checked patients smoking and alcohol use at check-up appointments and discussed this with patients when necessary.

The practice's medical history forms included questions about alcohol consumption and smoking and the dentists gave patients verbal advice about the associated risks.

Staffing

The practice actively encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The principal dentist used an annual appraisal system to monitor the team had completed appropriate training to maintain their continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Evidence demonstrated all staff received an annual appraisal. Appraisal documents seen were comprehensive and contained up to date CPD records for the clinical team. We also saw that the two dentists regularly peer reviewed one another and documented this accordingly.

We saw training certificates for staff which showed they had completed a wide range of clinical and health and safety related courses. These included basic life support, first aid, infection control and safeguarding.

All of the dental nurses had received external and in house training to enable them to carry out lead roles at the practice such as audit and infection control leads. One of the nurses was being developed and trained to support the principal dentist further with administration and management tasks within the practice. One CPD file and three training files were looked at on the day of our inspection which corroborated the above verbal information from staff.

The practice had a structured induction process which included opportunities for new staff to shadow their more experienced colleagues.

We saw evidence of medical indemnity cover for the dentists and nurses who were registered with the General Dental Council.

Working with other services

We discussed with the dentists how they referred patients to other services. Referral forms and responses were held in the patients' records. These ensured patients were seen by appropriate specialists. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice.

Systems had been put into place by local commissioners of services and secondary care providers whereby referring practitioners would use bespoke designed referral forms. This helped ensure the patient was seen in the right place at the right time.

When the patient had received their treatment they would be discharged back to the practice for further follow-up and

Are services effective?

(for example, treatment is effective)

monitoring. There was a system in place to ensure the information coming back from other services was entered in the dental records to ensure the dentist saw this when they next treated the patient.

Consent to care and treatment

We saw the practice recorded consent to care and treatment in patient's records and provided written treatment plans where necessary. We spoke with the principal dentist about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The clinical staff we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

The practice had a written policy and guidance for staff about 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. The practice team understood the relevance of this legislation to the dental team and had completed relevant training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients views from 15 completed Care Quality Commission comment cards. These all described positive views about the service. All cards contained detailed comments describing high quality care delivered by a caring and professional team. Patients also commented about practice environment being warm, welcoming, clean and tidy. We looked at the practice feedback survey data which was collated and analysed monthly. There had been no recent improvements made as a result of the patient surveys due to the results being positive and not requiring any improvements. We observed staff treating patients in a caring and respectful manner during our inspection.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

The practice had a confidentiality policy in place and staff had received information governance training and in discussion demonstrated its application in practice.

Involvement in decisions about care and treatment

Information to enable patients to make decisions about their treatment was available in written formats. However, we were told by the principal dentist that the emphasis was on verbally advising patients of the treatment proposed or options available. We saw that written treatment plans were used to confirm the treatments proposed and that these were signed by patients.

We saw five examples of comprehensive dental care records which showed the detail the dentist had provided to a patient to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw the practice waiting room displayed a wide variety of information including information about maintaining oral hygiene and leaflets about the services the practice offered along with the opening times of the practice. The treatments were also displayed in the reception area and the costs for private treatment were detailed alongside the treatments.

There was a spacious waiting room for patients with a selection of hot and cold drinks available alongside children's books, newspapers and a variety of magazines.

The practice provided continuity of care to their patients by enabling them to see the same dentist each time they attended. When this was not possible they were able to see the other dentist within the practice.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the patient record.

We looked at the patient information pack that was sent to all new patients and included membership costs and details, private treatment price list, opening hours, emergency 'out of hours' contact details and arrangements, meet the team information, and a treatment list.

Patients could access treatment and urgent and emergency care when required.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them.

There were arrangements in place for patients with impaired mobility. The practice ensured that patients unable to use stairs had their appointments in the ground floor surgery. There was a ramp access at the front door, level access into reception and through to the waiting room. The toilet was situated on the ground floor and was spacious and suitable for patients who used wheelchairs. Staff told us they always arranged for patients with restricted mobility to be seen downstairs.

The practice did not have a hearing loop to assist patients who used hearing aids. We were informed that patients have never requested this. We were told there were very few patients registered whose first language was not English. Those who required a translator brought a relative or friend to support them, the principal dentist advised that she was fluent in several different languages but had never needed to converse in a different language.

Access to the service

The practice was open Monday to Friday at the following times:

Monday – Friday, 9am to 5pm

Saturday, by appointment only

The dental nurse confirmed the length of appointments varied according to the type of treatment being provided and were based on treatment plans. Patients requiring an urgent appointment, when in dental pain, were able to get an appointment on the day they called.

When the practice was closed they provided a recorded message detailing the contact details for out of hours emergency care.

Details of opening times were also available on the practice website.

Concerns & complaints

The practice had a complaint policy and procedure. There was information about how to complain in the practice waiting room. The complaint procedure explained who to contact if a patient had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

The practice had received no formal or written complaints in the past three years. The minimal level of complaints reflected the caring and professional ethos of the whole practice.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the practice and had trained and delegated several tasks to the team to support in this function. At the time of our inspection the principal dentist was developing and training one of the nurses to support her further in an administration and management capacity. This evidenced progression and personal development within the practice.

The principal dentist had thorough and organised policies and procedures to support them in the management of the practice. These included whistleblowing, safeguarding, equal opportunities, complaints and health and safety. All of the staff we spoke with were aware of the policies and how to access them.

The practice carried out a wide range of audits to assist them to manage and maintain the quality of the service they provided. These included audits of hand hygiene, appointments, dental care records, clinical waste, X-rays and infection control.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

Leadership, openness and transparency

We found the practice felt relaxed, cheerful and professional. Strong and effective leadership was provided by the principal dentist who was fully supported by a dedicated team. Staff members told us the team got on well together and they enjoyed working at the practice. The team attended monthly practice meetings where changes and information was cascaded.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the principal dentist.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurses and receptionist received an annual appraisal; these appraisals were carried out by the principal dentist on an annual basis.

There was a system of peer review in place to facilitate the learning and development needs of the dentists. These were held regularly and were well documented.

We looked at three staff files and training records and found them all to be up to date.

We found there was a comprehensive rolling programme of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The principle dentist encouraged staff to carry out professional development wherever possible. The principal dentist subscribed the full practice team to FMC which is a multi-award winning publishing and communications company that gives the team access to over 20 market leading dentistry journals, events and brands. Being a member gave the practice access to magazines, exhibitions, conferences and training courses.

The principal dentist ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography (X-rays).

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

The practice had gathered feedback from patients through patient surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

The practice conducted a patient satisfaction survey programme whereby surveys were available for patients to complete in the waiting room. These surveys were collated and analysed monthly for improvements. We looked at the feedback results which showed high levels of patient satisfaction and did not identify specific improvements that were needed.

Staff told us that the principal dentist was very approachable and they felt they could give their views

Are services well-led?

about how things were done at the practice. Staff confirmed that they had practice meetings every month; the minutes of these were made available if they could not attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements.

Staff we spoke with said they felt listened to and proud of the practice in which they worked.