

Flitwick Dental Partnership

Flitwick High Street Dental Practice

Inspection Report

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Date of inspection visit: 31 January 2018

Date of publication: 23/03/2018

Overall summary

We carried out this announced inspection on 31 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They provided some information which we took into account.

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 form the framework for the areas we look at during the inspection.

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

Summary of findings

The practice is located in Flitwick, a rural town in Bedfordshire. It provides NHS and private treatment to patients of all ages. At the time of our inspection, the practice were accepting new NHS and private patients.

There is level access for people who use wheelchairs and pushchairs with the use of a portable ramp over a slight step. There are some car parking spaces available at the practice. The practice do not currently have designated parking spaces for blue badge holders. Other payable car parking facilities are also available within short walking distance of the practice.

The dental team includes seven dentists, three dental nurses, five trainee dental nurses, two hygienists, four receptionists and a practice manager.

The practice has four treatment rooms; two of these are on the ground floor. We were informed that plans were in place to refurbish parts of the practice.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post. The newly appointed practice manager has applied to undertake the registered manager role.

On the day of inspection we collected 17 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, two dental nurses, four trainee dental nurses, two receptionists, the practice manager, the compliance manager and the area manager.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 8pm. The practice has recently started opening on Saturday mornings from 8am to 12pm.

Our key findings were:

- The practice objectives included the provision of a high quality and range of dental services to the whole community through a friendly and professional service.
- Staff had been trained to deal with emergencies and equipment and appropriate medicines were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- Staff were aware of their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had implemented processes for the reporting and investigating of incidents and accidents.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of most of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- The practice dealt with complaints efficiently.
- Whilst there were governance arrangements, we noted areas where these could be strengthened.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. This refers particularly to staff immunity to Hepatitis B and ensure that any appropriate action is taken once received.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection control are undertaken at regular intervals to help improve the quality of the service. The practice should also ensure that where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Review the current performance review systems in place and have an effective process established for the on-going assessment and supervision of all staff.
- Review its responsibilities to respond to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

We found that not all dentists used rubber dam; this was not in accordance with guidelines issued by the British Endodontic Society. The practice told us about action they were taking to strengthen processes.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises were clean on the day of our inspection. Patient comments included that the practice would benefit from a refurbishment. We saw evidence that equipment was maintained although we noted that historic maintenance records were not always available.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, good and gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. We noted that the monitoring systems for referrals could be strengthened.

Staff received an induction. Two staff members who had been employed for over one year were overdue appraisals. The practice had produced a plan for all staff appraisals to take place.

No action



Are services caring?

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

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and welcoming. They said that they were given informative explanations about dental treatment and said their dentist listened to them. Feedback provided in some CQC comment cards included that staff made patients feel at ease, especially when they were anxious about visiting the dentist. Comments also included that children received a positive experience.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered most patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. They did not have a hearing loop installed.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We identified where an improvement should be made and action was taken by the provider.

There were arrangements to monitor the quality of the service and make improvements as a result. We also noted there were some areas of improvement required in governance arrangements. This included ensuring documentation was retained and available when required, when management arrangements changed within the practice.

Changes in staffing and staff shortages had impacted upon the smooth running of the practice. We identified that staff morale had become affected as a result. The provider had recently appointed a new and experienced practice manager to the role.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice had some limited quality assurance processes to encourage learning and continuous improvement. The practice manager told us that audit systems would be strengthened and we were provided with documentary evidence to support this following our inspection taking place.

The practice asked for patient feedback to improve the service delivered.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded and responded to all incidents to reduce risk and support future learning. We noted five accidents had been reported since November 2015; none of these had occurred within the previous 12 months. The practice had recorded one significant event in November 2017; the investigation was ongoing at the time of our inspection. We were informed that all incidents were discussed with staff where learning points were identified.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Flowcharts for safeguarding were displayed for staff use in the practice. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager was appointed as the lead for safeguarding.

All staff had received Disclosure Barring Service checks at the point of recruitment to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy. The policy included contact details for the charity 'Public Concern at Work' to reporting whistleblowing. Staff we spoke with were aware of the policy.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for

all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice manager was appointed as the lead to manage COSHH.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented a safer sharps' system. They had however, taken measures to manage the risks of sharps' injuries by asking dentists to use a needle guard when handling needles. The risk assessment completed included that the handling of used needles was the dentists' responsibility. Whilst most of the dentists used a needle guard, we noted an exception in relation to one who did not.

Our discussions held with the dentists showed that rubber dam were not used by all of them. This was not in line with guidance from the British Endodontic Society when providing root canal treatment. One dentist told us they used gauze and floss on files instead of the use of rubber dam and another dentist told us they were not using an alternative to rubber dam. We discussed this with the provider and they told us that action would be taken immediately to ensure processes were strengthened. Following our inspection, the provider sent us with details of a peer review meeting held with the dentists where the benefits of the use of rubber dam were discussed. The information sent to us showed that the provider would continue to monitor the dentists' use of rubber dam.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in January 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the

Are services safe?

relevant legislation. We looked at four staff recruitment files and obtained information through the provider's head office which showed the provider had completed appropriate checks for these staff. For example, proof of identity, DBS check, evidence of relevant qualifications 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 looked at immunisation documentation held in relation to staff Hepatitis B immunity. We noted that two staff members had provided documentation which showed they had received immunisation. One staff member's record (a dentist) showed they were not fully immune. Another staff member's record (trainee nurse) did not show their immunity level after they had received vaccination. We were informed that the practice were already pursuing obtaining information in relation to the trainee nurse and would also address the issue identified in relation to the dentist. They told us they would complete a risk assessment where required.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had undertaken a fire risk assessment and had carried out fire drills and alarm tests. An external specialist company was contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last year.

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. We were provided with the necessary waste consignment notices after our inspection took place, as these could not be located on the day of our inspection.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had most suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We looked at a small sample of dental instruments used and found that some of these items showed signs of wear and required replacement. We also found that some local anaesthetic cartridges were held out of their packets.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

During our inspection, we looked inside surgery areas. We noted that one of the spittoons, which is a receptacle made for spitting into, required replacement. The unit was stained and part of the unit did not appear to fit properly.

The practice had carried out a recent infection prevention and control audit. The audit showed the practice was meeting the required standards. We looked at a completed action plan dated in January 2018. The practice were unable to provide us with records in relation to any previous audits undertaken. The practice manager told us that the documents may have been archived during transitional changes in management.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in October 2017.

The practice utilised an external cleaning company to maintain their premises. We saw cleaning schedules. The practice was clean when we inspected and some comments provided by patients in CQC comment cards supported that this was usual. We also noted that some patient comments included that the practice would benefit with an update to its décor.

Are services safe?

Equipment and medicines

We saw servicing documentation for equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had systems for prescribing, dispensing and storing medicines.

The practice had not kept records of NHS prescriptions as described in current guidance. When prescription pads were received into the practice, a log had not been maintained of the stationery receipted. Following our inspection, we were provided with information from the practice regarding new control measures implemented.

Radiography (X-rays)

The practice had current arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Whilst we saw recent maintenance logs for X-ray equipment dated in January 2018, the practice were unable to provide us with previous records dated after 2014.

Our discussions with dentists on the day of our inspection and review of documentation supported that dentists justified, graded and reported on the X-rays they took. We noted that one of the dentists were not routinely grading radiographs at the time, however they were doing so retrospectively and on request.

We were provided with evidence that X-ray audit activity had been undertaken in April 2017, 2016 and 2015. We noted that each of the audits included reviews of up to four practitioners. We were not provided with evidence of any action plans completed for the audit activity undertaken.

Records we looked at showed that clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice mostly kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Most records showed that the findings of patients' oral assessments and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We looked at a sample of records and found that the level of detail in record keeping varied with each of the dentists' notes. Whilst we noted some detailed records maintained in the sample we examined, we noted that some records contained little detail or information. One of the dentists told us that changes in dental nurse staff and their differing levels of experience had impacted upon the quality of record keeping and the time required to maintain it.

We saw that the practice undertook audit activity in relation to patients' dental care records in order to check that the dentists recorded the necessary information. We looked at an audit undertaken in April 2017; there was no evidence that an action plan had been completed.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. To facilitate this aim, the practice appointed two dental hygienists to work alongside of the 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.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided some health promotion leaflets to help patients with their oral health.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

We were informed that most staff (with the exception of two) had been working within the practice for less than one year. One of the staff members who had worked in the practice for over twelve months had last received an annual appraisal in August 2015. The other staff member's appraisal documentation could not be located. The practice manager told us that changes in management had impacted upon the completion of these staff members' appraisals. We were informed that a plan had been produced for the undertaking of all staff appraisals and we were shown some information in relation to this.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice had arrangements to monitor urgent referrals to make sure they were dealt with. We identified that some improvements could be made to the existing system to ensure robust monitoring was in place for all referrals made.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We noted that some patient comments in CQC cards included that their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

The policy also referred to young people's competence and the dentists and dental nurses we spoke with were aware

of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, welcoming and made patients feel relaxed. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Feedback left in two CQC comment cards included that staff were kind and accommodating of nervous patients' needs. Patients could choose whether they saw a male or female dentist when they registered with the practice and if they enquired.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they could take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There was a folder in the reception area containing information about dental treatments, fees, the appointment system and complaints. Patient survey information, magazines and other information posted on walls in the waiting area were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients information to help them make informed choices. We noted that some patient comments in CQC comment cards included that staff listened to them and discussed options for treatment with them.

A dentist described the conversations they had with patients (including children) to satisfy themselves they understood their treatment options. We noted that some feedback in CQC comment cards included that children received a positive experience visiting the dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatment such as dental implants.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice in CQC comment cards completed.

We saw evidence to support that the practice had an efficient appointment system to respond to patients' needs. The practice manager told us that a new phone system had recently been installed to assist patients in making contact in a timely way. We were also informed that a new receptionist was due to start working in the practice and this would help when a higher number of calls were received. Patients could also request an appointment to be made through the practice's website.

Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were informed that patients with mobility problems were seen in a treatment room on the ground floor. Staff told us about how they had responded to patients who were particularly anxious when they attended the practice. Measures included engaging more with these patients to make them feel at ease.

Staff told us that they contacted patients by telephone, text message, email or letter in advance of their appointment to remind them to attend the practice. Patients were able to choose their preference as well as how far in advance they would like to be notified.

Promoting equality

The practice made most reasonable adjustments for patients with disabilities. These included step free access (with use of a portable ramp over a slight step) and an accessible raised toilet with hand rails and a call bell. The practice did not have a hearing loop installed.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum where this was possible. We looked at when next routine appointment was available and noted that this was within 48 hours.

The practice was committed to seeing patients experiencing pain on the same day. We were told that whilst appointments were not blocked on a daily basis for dental emergencies, patients were invited to attend the practice and sit and wait to be seen during morning or afternoon sessions. Patients were advised to contact NHS 111 if they required help outside of usual working hours.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Most patients confirmed in CQC comment cards that they could make routine and emergency appointments easily and that an effective service was provided.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager was newly appointed to their role. They told us they would aim to settle complaints in-house and would invite patients to speak with them in person to discuss these, if considered appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints (including records of verbal complaints) the practice received during the past twelve months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service where relevant.

Are services well-led?

Our findings

Governance arrangements

The partnership had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We identified a process which required immediate review as not all the dentists working in the practice used rubber dam or another protection measure in its place. Following our inspection, we were informed about how this issue was being managed.

There were arrangements to monitor the quality of the service and make improvements as a result. This was demonstrated in the processes implemented for reporting and investigating accidents and untoward incidents. Review of complaints documentation showed the practice had appropriately addressed both written and verbal complaints received. There was evidence that improvements were sought as a result of complaints and feedback received; for example, the new telephone line installed.

We also noted there were some areas of improvement required in governance arrangements. This included ensuring documentation was retained and available when required, when management arrangements changed within the practice. For example, previous infection control audits and evidence of consignment notices when waste was collected from the practice. We were also unable to review historic X-ray maintenance logs to confirm that the equipment had been regularly maintained.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us that changes in staffing and staff shortages had impacted upon the smooth running of the practice. Whilst

a new and experienced practice manager had now been appointed, staff had worked for a number of months without a permanent manager in place. We noted that staff morale had declined as a result. The practice were currently seeking to recruit dental nurses at the time of our inspection.

A number of staff spoke positively about the appointment of the new practice manager and told us they were open, approachable, would listen to their concerns and act appropriately. The practice manager had started to hold practice meetings where clinical and non-clinical updates were discussed. The practice manager had organised two 'breakfast club' staff meetings to date which involved the practice purchasing staff choices of breakfast. We were informed that this enabled both a formal and informal team meeting to take place.

We were told that immediate discussions would be arranged to share any urgent information.

Learning and improvement

The practice had some limited quality assurance processes to encourage learning and continuous improvement. We looked at a recent infection control audit which contained an action plan. We also looked at audit activity in relation to dental care records and X-rays. Whilst outputs of activity were evident, the audits did not contain action plans or other evidence to support learning outcomes as a result. The practice manager told us that audit systems would be strengthened.

Following our inspection, we were provided with documentary evidence of an antimicrobial prescribing audit which had commenced.

We were informed about the plan implemented for staff appraisals to take place for the dental team.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. The practice manager told us that they would provide ongoing support and encouragement for the completion of this.

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

The practice used patient and staff feedback to improve the service. We saw examples of suggestions from patients

Are services well-led?

and staff the practice had acted on. For example, patient feedback had resulted in improvements to the telephone system. Staff had requested a suggestion box and the practice manager told us they were going to implement this shortly.

The practice website included patient feedback left on its Facebook page, NHS Choices and through Google and encouraged patients to submit their views.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.