Arkh-View Surgeries Limited

# Peachcroft Dental Practice

## Inspection Report

Unit 5
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Date of inspection visit: 14/04/2016
Date of publication: 04/05/2016

## Overall summary

We carried out an announced comprehensive inspection on 14 April 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**
Peachcroft Dental Practice is a dental practice providing NHS and private treatment for both adults and children. The practice is situated in Abingdon, a town south of Oxford.

The practice has four dental treatment rooms and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the first floor of a retail shopping centre.

The practice employs four dentists, a hygienist, five dental nurses of whom three are trainees, two reception staff and a practice manager.The practice's opening hours are 9am to 1pm and 2pm to 5pm Monday to Friday. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service. The practice has opted out of providing out-of-hours services to their own patients and refers them to South Central Ambulance Service via the NHS 111 service.

The practice manager 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'.

# Summary of findings

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.

During our inspection we reviewed 26 CQC comment cards completed by patients and obtained the view of 11 patients on the day of our inspection.

The inspection was carried out by a CQC specialist dental inspector.

### Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Strong and effective leadership was provided by an empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice manager.
- Staff we spoke with felt well supported by the practice manager and were committed to providing a quality service to their patients.
- Information from 26 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- The practice reviewed and dealt with complaints according to their practice policy.

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

- Introduce a system for capturing national safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Consider collating all documents pertaining to dental radiography into one file.

# 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 arrangements in place for infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found all the equipment used in the dental practice was properly 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. Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

**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 focused 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. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff, where appropriate, were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

**Are services caring?**

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

We collected 26 completed Care Quality Commission patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed. We obtained the views of 11 patients on the day of our visit which also provided a positive view of the service the practice provided.

**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 a language they could understand and had access to telephone interpreter services when required. Although the practice was situated on the first floor of the building, patients with mobility problems were sign-posted to dental services with ground floor access nearby.

**Are services well-led?**

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

Strong and effective leadership was provided by an empowered practice manager. The practice manager and the staff team had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had essential clinical governance and risk management structures in place. Staff told us that they felt supported and could raise any concerns with the practice manager. Staff we met said that they were happy in their work and the practice was a good place to work.

# Peachcroft Dental Practice

**Detailed findings**

## Background to this inspection

We carried out an announced, comprehensive inspection on 14 April 2016. The inspection was carried out by a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records. We reviewed CQC comment cards completed by patients and obtained the view of patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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 manager described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place along with forms for staff to complete when something went wrong, this system also included the reporting of minor injuries to patients and staff. Records showed that there was only one minor incident reported in 2015, this was related to a sharps injury during the manual cleaning process. The incident was managed in accordance with practices' infection control policy. On the day of our visit the practice did not have a system in place for receiving national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The practice manager undertook to introduce a system as soon as practicably possible.

### Reliable safety systems and processes (including safeguarding)

We spoke to the practice manager 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. The dentists were responsible for ensuring safe recapping using the 'scoop' method. This is a recognised method used in dentistry for the recapping of used needles. Dentists were also responsible for the disposal of used sharps and needles. 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.

We asked the practice how they treated the use of instruments used during root canal treatment. They explained these instruments were single patient use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam by most of the dentists working at the practice. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. When rubber dam was not used, dentists used other safety mechanisms to prevent patients inhaling or swallowing root canal files.

The practice manager was the safeguarding lead. They acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed staff had received appropriate safeguarding training for both vulnerable adults and children or were booked onto courses for this training in the near future. Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities in recent times.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. There was an automated external defibrillator, which is 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 in place emergency medicines as set out in the British National Formulary guidance for dealing with medical emergencies in a dental practice. Equipment included oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Emergency medicines and oxygen were all in date and stored in a central location known to all staff. The expiry dates of medicines and equipment was monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly. We noted that the local primary care commissioning organisation provided the practice with a new emergency medicines kit on an annual basis. They also provided a new kit should the kit be used in the intervening period. All of the staff demonstrated to us they knew how to respond if a person suddenly became unwell.

# Are services safe?

## Staff recruitment

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references.

We looked at four staff recruitment files and records confirmed they had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

## Monitoring health & safety and responding to risks

The practice had a health and safety risk management process in place, which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

There were arrangements in place to deal with foreseeable emergencies. We found the practice had a fire risk assessment carried out in February 2016. Fire safety signs were clearly displayed, fire extinguishers had been serviced regularly and staff demonstrated to us how to respond in the event of a fire. Other assessments seen included annual health and safety risk assessments and a Legionella risk assessment dated September 2015 (Legionella is a term for a particular bacteria which can contaminate water systems in buildings).

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

## Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place a robust infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being exceeded. It was observed that audit of infection control processes carried out in October 2015 confirmed compliance with HTM 01 05 guidelines.

All four dental treatment rooms, the waiting area, reception and toilets appeared clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working by dentists and dental nurses was observed.

The drawers of a treatment room were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in September 2015. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. The dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process,

# Are services safe?

following inspection with an illuminated magnifier they were placed in an autoclave (a device for sterilising dental and medical instruments). When 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 that the two autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. We also noted that validation tests for the ultrasonic cleaning bath were also complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. General environmental cleaning was carried out cleaning according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines. Patients could be assured that they were protected from the risk of infection from contaminated dental waste.

### Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated in November 2015 and March 2016 and the practice air compressor had been serviced regularly within current national regulations of not later than each 26 month period. The practices' X-ray machine had been serviced and calibrated as specified under current national regulations of every three years. Portable appliance testing had been carried out in September 2015. Medicines such as local anaesthetics were stored securely for the protection of patients. The practice stored prescription pads securely to prevent loss due to theft and a log of prescription pads was also maintained by the practice.

### Radiography (X-rays)

Documentation examined showed the practice managed dental radiography in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). We saw the names of the Radiation Protection Advisor and the Radiation Protection Supervisors and the necessary documentation pertaining to the maintenance of the X-ray equipment. Other documentation included the three yearly maintenance log and a copy of the local rules.

Records seen showed that where X-rays had been taken these were justified, reported on and quality assured. These findings demonstrated that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records which showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with three dentists on the day of our visit. They all demonstrated they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the patients' medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded albeit briefly. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care. The dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications and prescriptions for high concentrated fluoride tooth paste to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) that were particularly vulnerable to dental decay.

Other advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

### Staffing

The practice employed four dentists, a hygienist, five dental nurses of whom three were trainees, two reception staff and a practice manager.

We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the practice owner and the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice manager was relatively new in their post and had only recently re-established a system of appraisal. We noted that in addition to appraisals a system of three monthly reviews were carried out by the practice manager. At each review a variety of criteria were assessed including; quality and accuracy of work, efficiency, attendance, time keeping, working relationships and competency. We saw a number of examples of this system which were meticulously completed by the practice manager.

The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable.

# Are services effective?

## (for example, treatment is effective)

### Working with other services

The 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. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. NHS referrals were then sent to a central referral agency, a system that had been put into place by the local commissioners of NHS services. These ensured patients were seen by the right person at the right time.

### Consent to care and treatment

The three dentists we spoke to explained how they implemented the principles of informed consent; they had a clear understanding of consent issues. 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. They went on to say that patients should be given time to think about the treatment options presented to them. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options.

We also asked them how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. The practice also maintained a 'safe haven room' where patients could discuss matter of a more sensitive nature with a dental professional.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 26 completed CQC patient comment cards. These provided a positive view of the service the practice provided. We also obtained the views of 11 patients on the day of our visit. These also provided a positive view of the service the practice provided.

All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

### Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. All the patients we asked told us the dentist was good at explaining treatment and involved them in decisions about their care and treatment.

The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice waiting area displayed a variety of information on the patient notice board. Information included; opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. On the day of our visit, we observed that the appointment diary for each dentist although busy, were not unduly overbooked. This provided capacity each day for patients with dental pain to be seen by the dentist with patients invited to come and sit and wait. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

Although the practice was situated on the first floor of the building, patients with mobility problems were sign-posted patients to dental services with ground floor access.

### Access to the service

Appointments were available Monday to Friday between 9am and 1pm and 2pm and 5pm. Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. Patients told us they felt they had good access to routine and urgent dental care.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

All the patients we asked were very satisfied with the opening hours.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and patient website.

The practice had a procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had one written complaint during 2015 which had been managed according to the practices' policy. The low level of complaints reflected the caring and compassionate ethos of the whole practice. We asked 11 patients if they knew how to complain if they had an issue with the practice. Apart from one patient, the patients new how to make a complaint if they needed to.

# Are services well-led?

## Our findings

### Governance arrangements

The governance arrangements for this location were overseen by the practice manager and a lead nurse who were responsible for the day to day running of the practice.

The practice maintained a comprehensive system of policies and procedures. We noted management policies and procedures were kept under review by the practice manager. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

### Leadership, openness and transparency

The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. 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 practice manager. They felt they were listened to and responded to when they did raise a concern.

We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice manager was proactive and endeavoured to resolve problems as soon as practicably possible. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

A number of audits took place at the practice. These included infection control, radiography (X-rays) and clinical record keeping. There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months. The radiography audits demonstrated a comprehensive process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff were supported to maintain their continuing professional development as required by the General Dental Council. The practice provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography. Training was completed through a variety of resources including the attendance at face to face and online courses. Staff were given time to undertake training which would increase their knowledge of their role.

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

The practice had gathered feedback from patients through compliments and complaints and an on-going patient satisfaction survey system. The practice analysed each batch of monthly survey forms, the results of which were then presented to the regular staff meeting or discussed during the lunch time period when all staff were together. Feedback from patients resulted in improvements; this included improved waiting times, better communication about treatment options and costs.

Staff said they felt listened to and went on to say the practice manager was very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed they had bi-monthly practice meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements.