Nationwide Healthcare

Manor Park Family Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Manor Park Family Dental Centre is situated in the Manor Park area of Sheffield. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice, treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, a waiting area and a reception area. The reception area and waiting room are on the ground floor of the premises. The surgeries are on the first floor of the premises.

There are two dentists, two dental nurses and a receptionist. They are supported by a regional clinical quality and care manager and an area manager.

The opening hours are Monday to Friday 9-00am to 6-00pm.

The regional clinical quality and care 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

Summary of findings

'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.

During the inspection we spoke with four patients who used the service and reviewed 10 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control and health and safety.
- Staff had received training appropriate to their roles.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- There was an individual risk based approach to patient recalls in line with National Institute for Health and Care Excellence (NICE) guidelines.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their roles.

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

- Review the staff awareness of the rinsing of instruments giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been an incident recently and this had been dealt with, documented and reflected on by the practice. Patients would be given an apology and informed of any actions as a result of the incident if appropriate.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. However, records of gum health were not always recorded.

The practice made referrals for specialist treatment or investigations where indicated.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet 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 reviewed 10 completed CQC comments cards and spoke with four patients on the day of the inspection. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given. It was also noted that reception staff were always very helpful.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The area manager was responsible for the day to day running of the practice and they were supported by the regional clinical quality & care manager.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. They regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of quarterly practice meetings which were minuted for those staff unable to attend.

Manor Park Family Dental Centre

Detailed findings

Background to this inspection

This announced inspection was carried out on 20 October 2015 by a dentally qualified CQC inspector.

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

During the inspection we toured the premises, spoke with the dentist, one dental nurse, the area manager and the regional clinical quality & care manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that when this had occurred, this had been documented, investigated and reflected upon by the dental practice. If appropriate, patients would be given an apology and informed of any action taken as a result. The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. One of the dentists was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of re-sheathing devices for needles and clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' records were legible, up to date and stored securely to keep people safe and protect them from abuse.

Medical emergencies

The practice had a policy and procedures which provided staff with clear guidance about how to deal with medical emergencies. This was generally in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice did not have buccal midazolam in the emergency drug kit. The BNF states that buccal midazolam should be kept in the emergency drug kit for use in the event of an epileptic seizure. We discussed this with the registered provider and saw evidence that buccal midazolam was ordered to arrive the next day.

All emergency medications and equipment were in date. The emergency resuscitation kits, oxygen and emergency medicines were kept in the storage room on the first floor adjacent to both of the surgeries. Staff knew where the emergency kits were kept.

The practice had acquired an Automated External Defibrillator (AED) two weeks prior to the inspection. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff had received training in the use of the AED in the event of a cardiac event. We saw that the practice had not yet implemented a checklist for the AED as this had not been highlighted at the staff training. This was brought to the registered provider's attention and we saw evidence that a daily checklist was created to ensure the AED was safe to use.

Records showed daily checks were carried out on the oxygen cylinder to ensure it was safe to use. Emergency medications were checked on a monthly basis and when they were due to go out of date these were replaced.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The managers told us they carried out Disclosure and

Are services safe?

Barring Service (DBS) checks for all newly employed staff. These checks 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. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The COSHH folder was reviewed every year to ensure that no new hazards had been identified for the substances included in the folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear. During this observation we noted that the dirty instruments were rinsed under running water. This increases the risk of

Are services safe?

splashing and aerosol formation. This was brought to the attention of the nurse, the regional clinical quality and care manager and the area manager. We were told that this would be immediately addressed.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in September 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in August 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and also annual tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, washer disinfector and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of regular servicing of the autoclave and the compressor. The service for the washer disinfector was slightly overdue. We were told that this was due to the contractor failing to prompt the practice to get it serviced. We saw evidence that the service was booked for the following week after the inspection. We discussed the importance of keeping servicing up to date for essential equipment. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked in a cabinet at night to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken in February 2015 confirmed they were generally performing well. However, the audit had identified areas for improvement and an action plan had been formulated.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented in the care records and also discussed with the patient.

We reviewed information recorded in patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and any signs of mouth cancer. However, we noted that a basic periodontal examination (BPE) was not always taken in some of the records which we looked at. We discussed this with the dentists and they told us that these would be done and documented in future

Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients confirmed that their medical history was checked at each examination appointment and also prior to any treatment taking place.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Records showed that a treatment plan was formulated prior to treatment being undertaken. However, there was little evidence in the records that different treatment options had been discussed. However, patients told us that they were informed of different treatment options. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed by the patient before treatment and stored electronically.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth. Patients were given advice regarding maintaining good oral health. When required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We saw evidence in dental care records that patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room to support and advise patients about maintaining a healthy lifestyle.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of the induction procedure having taken place for the newest member of staff.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control.

The practice monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. If staff members were ever absent then staff could be moved over from a sister practice to ensure that the service continued unaffected.

Dental nurses were supervised by the dentists and supported on a day to day basis by the area manager. Staff told us the area manager was available to speak to for support and advice. Staff told us they had received annual appraisals and these covered topics including performance and future aspirations. We saw evidence of completed appraisal documents.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's electronic dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. There was a good selection of information leaflets in the waiting room to inform patients about different treatments. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient. However, we saw that these discussions were not always fully documented in the patient's care records. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. We witnessed interactions between staff and patients to be friendly, helpful and compassionate.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. There was a wide selection of information leaflets in the waiting room describing different treatments. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. The practice displayed a list of charges associated with NHS treatments in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within 24 hours if not the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. Patients were sent text messages the day before their appointment to remind them of their appointment time.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. We saw that they had made some adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment. The practice also had access to a translation service for patients whose first language was not English.

The practice had limited access for patients with mobility issues. The practice was not accessible for a wheelchair and both surgeries were on the first floor of the practice. However, the practice signposted patients who used a wheelchair to a local sister practice which we were told was fully accessible for wheelchair users.

Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet. The opening hours are Monday to Friday 9-00am to 6-00pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. When treatment was urgent patients would be seen within 24 hours or sooner if possible.

When the practice was closed, patients who required emergency dental care were signposted to the NHS 111 service on the telephone answering machine. There was also information about the NHS 111 service in the practice information leaflet and displayed in the waiting room.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 25 working days. If the practice was not able to provide a response in 25 working days then the complainant would be made aware of this.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice information leaflet. There were also contact details of other organisations if the patient was not satisfied with the outcome of their complaint.

Are services well-led?

Our findings

Governance arrangements

The practice is a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The regional clinical quality and care manager and the area manager were in charge of the day to day running of the service.

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, patient records and X-ray quality. Where areas for improvement had been identified action had been taken. There was a range of policies and procedures in use at the practice. The practice held monthly meetings involving all staff where governance was discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities and the governance arrangements.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the regional clinical quality and care manager, and the area manager were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as patient records, X-rays and infection control. We looked at the audits and saw that the practice generally was performing well. However, where issues had been identified these had been addressed and an action plan was implemented.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice held monthly staff meeting where significant events and patient feedback were discussed and learning was disseminated. All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out six monthly patient satisfaction surveys. The patient satisfaction survey covered areas such as how easy it was to make the appointment, whether the reception staff were friendly, the cleanliness of the reception area and surgery and whether treatment was discussed in a way which they understood. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. As a result of a recent patient survey they had increased the amount and range of leaflets in the waiting room.

The practice also undertook the NHS Family and Friends Test and the recent results showed that 94% of patients who responded would recommend the practice to family and friends.