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Holbrooks Dentalcare

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 November 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

Holbrooks Dentalcare is a general dental practice situated in the Holbrooks area of Coventry, West Midlands. It provides dental treatment to adults and children funded predominantly by the NHS, but some patients are privately funded.

The practice offers general dental treatment and also treatment under conscious sedation (these are techniques in which the use of a medicine or medicines produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice has six dental treatment rooms and a dedicated decontamination facility. These are all located on the ground floor and the service is completely accessible to patients who use a wheelchair, including the toilet.

The practice is open from 8.30 am to 5.30 pm Monday to Friday and Saturday 8.30 am to 12.30 pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We received feedback from 39 patients. These provided a very positive view of the services the practice provides. Patients commented on the quality of care, the polite and friendly nature of staff and the cleanliness of the practice.

Our key findings were:

- The practice was visibly clean and clutter free.
- The practice was taking on NHS patients at the time of the inspection and patients could expect to be offered an appointment within a few days.
- Comments from patients indicated that staff were friendly and helpful and clinicians took the time to explain treatment options.
- Staff used nationally recognised guidance in the care and treatment of patients.
- The practice met the national guidance in infection control measures with the exception of checking the ultrasonic bath solution temperature, which was rectified immediately following the inspection.
- Pre-employment checks did not always contain all the recommended information, although this was provided following the inspection.
- Emergency medicines were in place to treat medical emergencies in line with national guidance.
- The practice offered conscious sedation and met national standards in the provision of this treatment.

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

- Review the practice's infection control procedures and protocols 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 recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.

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 appropriate medicines and equipment to manage medical emergencies in line with national guidance. All staff had undertaken training and the practice carried out occasional scenario training.

Staff were appropriately recruited, though some improvements could be made in the recording of references.

Equipment was maintained in line with manufacturers' guidance.

The process of decontamination of used dental instruments was demonstrated effectively, but staff were not testing the temperature of the cleaning solutions which could affect the ability to effectively clean the instruments.

X-ray equipment was maintained and used in accordance with regulation. All operating staff had undertaken appropriate training in radiation and radiation safety.

No action ✓

Are services effective?

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

Clinicians carried out a comprehensive screening of patients at check-up appointments including assessing risks associated with gum health, cancer and decay.

The dentists used national guidance in the care and treatment of patients.

Staff demonstrated a good understanding of the Mental Capacity Act and Gillick competence and their relevance in establishing consent.

No action ✓

Are services caring?

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

Patients reported that staff were friendly and helpful. They felt their treatment was good, and staff took the time to explain their options.

Patients were involved in the decisions around their treatment and care.

NHS and private price lists were displayed in the waiting area.

No action ✓

Are services responsive to people's needs?

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

The practice was easily wheelchair accessible, and measures had been put into place to assist other patients with individual needs.

The practice endeavored to see all emergency patients on the day they contacted the practice.

No action ✓

Summary of findings

The practice opened early in the morning and on a Saturday morning to allow flexibility for patients who may have commitments during normal working hours.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. Polices were available to assist in the smooth running of the service. These had all been reviewed in the year before our visit. The practice used clinical audit as a tool to highlight areas where improvements could be made. Staff had annual appraisals where their training needs were addressed and a personal development plan drawn up to reflect it.	**No action** 

Holbrooks Dentalcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 1 November 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with members of staff and patients during the inspection.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place for reporting and learning from significant incidents although they used a number of methods of recording these. An accident book logged injuries, most recently in October 2016 a sharps injury was recorded although the record lacked detail.

A medical emergency was recorded as a separate type of incident, this was recorded in details and the staff's duty of candour was evident in the record. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Following the inspection the practice implemented a new process by which all incidents irrespective of their nature were logged in an events register so that the practice could maintain oversight of all events.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and the principal dentist shared relevant alerts with the staff individually or by calling a staff meeting.

The practice were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive (HSE), although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). A RIDDOR policy was dated October 2016 giving details on how and when to make a report. This had also been covered as a training topic in a staff meeting in October 2016, and all the dentists we spoke with were aware of this.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding safeguarding vulnerable adults and child protection. These were dated August 2016. The process for reporting concerns was documented with a flow chart, and the system was revised at a staff meeting in October 2016.

Staff had received training appropriate to their role, and staff we spoke with were able to describe the process and how to raise a concern.

The practice had an up to date Employers' liability insurance certificate which was due for renewal in June 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with the dentist in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that a rubber dam was being used routinely by all the dentists.

A protocol was in place detailing the actions required in the event of a sharps injury. This directed staff to seek advice based on a risk assessment of the circumstances. Following the inspection this was amended to indicate that advice should always be sought either from an occupational health department, or accident and emergency.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary. These were checked and logged monthly.

Equipment for use in medical emergency was available in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Staff had all undertaken medical emergencies training and staff we spoke with were able to detail which emergency medicine would be required for a specific emergency. The practice undertook scenario training on an ad hoc basis.

Are services safe?

A recent medical emergency demonstrated the practice's protocols in action. Following the event the staff discussed how and if improvements could have been made to the process.

Staff recruitment

The practice had a staff recruitment policy in place, dated October 2016; this indicated that employment would be subject to appropriate references being obtained.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was 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 the staff recruitment files for six members of staff and found that DBS checks had been sought for all staff, and appropriate pre-employment checks had been carried out; however the practice was not always recording references or checking identification.

Following the inspection we were sent the documents that were missing at the time of the inspection.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy (which was dated December 2015) was available for staff to reference. This included topics such as accidents, fire, personal protective equipment and autoclaves.

A health and safety risk assessment had been carried out in October 2016 as well as a checklist to ensure that the practice had all factors in place to mitigate the risks.

Further risk assessments had been carried out on the use of latex, pregnant and nursing mothers and manual handling. A risk assessment had been completed on paramedic access during the provision of conscious sedation.

A sharps risk assessment dated March 2016 detailed that dentists took responsibility for re-sheathing and disposing of sharps, and needle blocks were available to assist with this.

A fire policy was dated January 2016. This gave details such as the appointed fire marshals. A fire log book contained useful contact details. A risk assessment had been carried out as part of the wider practice risk assessment but this was not comprehensive. Following the inspection the practice informed us that they had undertaken a more detailed risk assessment of the building and were considering contracting an external specialist to carry out a risk assessment.

Staff we spoke with were able to detail the fire procedures, including the external muster point, and assessed fire drills were completed every three months, most recently on 12 September 2016.

The practice had business continuity plans in place to ensure appropriate actions were in place should the building become unusable due to an unforeseen event.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors. The practice had individual risk assessment in a folder that was reviewed annually. All staff were aware how to access and use this information.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which was reviewed on 3 October 2016. This included separate policy documents on hand hygiene, decontamination and personal protective equipment.

The practice had a dedicated decontamination facility, this consisted of two rooms (a 'clean' and 'dirty' room) linked by

a hatch. Instruments should be kept wet in the event of a delay in processing to prevent contaminants drying on. The practice did not have a process for this; however one was introduced following the inspection.

Instruments were cleaned manually and then with an ultrasonic cleaner (this is a piece of equipment designed to clean dental instruments by passing ultrasonic waves through a liquid. Instruments should be cleaned in solution that is less than 45 degrees Celsius in order to effectively remove protein contaminants. The practice was not checking the temperature of the cleaning solution for manually cleaning or in the ultrasonic cleaners. Following the inspection the practice informed us that this was now taking place routinely.

Following cleaning instruments were inspected under an illuminated magnifier before being sterilised in the autoclaves. Sterile instruments were then pouched and dated with a use by date.

Tests carried out on the process were in line with the recommendations of HTM 01-05.

The practice allocated a dental nurse to the decontamination facility on a daily basis. This ensured that one person was responsible daily for the decontamination process across the practice.

Environmental cleaning was carried out daily by the practice staff. The equipment used conformed to the national system of colour coding cleaning equipment and was stored appropriately.

The practice had contracts in place for the disposal of contaminated waste and waste consignment notes were seen to confirm this. Clinical waste was stored in a locked bin prior to its removal; however the bin itself was not secured to prevent it being wheeled away. Following our inspection we received photographic evidence that this was now secured.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company on 15 January 2016. The practice was monitoring water temperatures monthly and flushing low use outlets to reduce the risk of legionella proliferation.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered and in adequate number to meet the needs of the practice.

Portable appliance testing had been carried out in October 2016, and the following equipment had been serviced and validated within the year preceding our inspection: the compressor, both autoclaves, fire extinguishers and the fire alarm.

The practice had a system by which dental materials expiry dates were noted in each surgery so that they could be assured of being replaced before they expired.

Prescription pads were secured and logged in line with the guidance from NHS Protect.

Glucagon is an emergency medicine used to treat diabetics. In order for it to be effective until the expiry date it has to be stored at a specific temperature range. Although the practice were keeping the medicine in the fridge they were not monitoring the temperature range. Following the inspection the practice took steps to store the medicine appropriately.

Conscious sedation was carried out on the premises (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice kept full logs of the medicines used in sedation, and all equipment was in place. We saw detailed records pertaining to the assessment, completion and recovery of the patient.

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003. They were fully aware of and met the standards outlined in the updated guidance issued in 2015.

Radiography (X-rays)

Are services safe?

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice had six intra-oral X-ray machines that were able to take an X-ray of one or a few teeth at time, and one dental panoramic tomograph (DPT) machine that takes a panoramic image of all the teeth and jaws.

Rectangular collimation limits the beam size to that of the size of the X-ray film. In doing so it reduces the actual and effective dose of radiation to patients. We saw that rectangular collimators were in use by clinicians.

Local rules were available for each X-ray unit. These are a safety requirement to have a record of those persons responsible for the X-ray machines. In addition they are required to list those persons that are trained to operate the equipment, details of the controlled zone for each machine, and contingency plans in the event of the machine malfunctioning.

The machines had been tested and serviced in accordance with regulation. Operators had all undertaken the appropriate training as set out in IRMER 2000 and by the General Dental Council.

Justification for taking an X-ray was documented in the patients dental care record, as well as a report of the findings of the radiograph and a grade of the quality of the X-ray.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients annually, and updated verbally at each attendance. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology. Patients were assessed regarding their risk of gum disease, decay and cancer.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

Health promotion & prevention

Dental care records we saw indicated that an assessment was made of patient's oral health and risk factors. Medical history forms that patients were asked to fill in included information on nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease.

We found a good application of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Clinicians we spoke with were aware of the local services available regarding stopping smoking and directed patients toward them. Dental care records indicated that an oral hygiene assessment was completed for all patients.

Staffing

The practice was staffed by six dentists, a practice manager (who was also a trained dental nurse and a sedation trained nurse) three further qualified dental nurses (one of whom was designated head nurse), five trainee dental nurses, a head receptionist and two further receptionists.

Two of the dentists were foundation dentists, meaning that they were in their first year following qualification and were in a training post. The principal dentist and one of the associate dentists were designated as the trainers.

Prior to our inspection we checked that all appropriate clinical staff were registered with the General Dental Council and did not have any conditions on their registration.

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). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding training.

The principal dentist acted as the sedationist in the practice. The practice had reviewed staff training requirements in conscious sedation as set out in The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Are services effective?

(for example, treatment is effective)

Referrals were made from the practice for orthodontic treatment and minor oral surgery as well as complex treatment needs.

If an urgent referral was made for a suspicious pathology the referral would be faxed or emailed, and then followed up with a letter in the post. In this way the practice could be assured of the referral reaching its destination in a timely manner.

Consent to care and treatment

The clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed discussions with the patients of the options available and the positives and negatives of each option. We saw that details of these discussions were documented in the patient care records. The clinicians made good use of visual aids to demonstrate to the patients and improve patient understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice had a key principles policy document on the MCA which was dated January 2016 and staff we spoke with had a good understanding of how to apply the principles in practice.

Similarly staff had a good understanding of the situations where a child under the age of 16 would be able to consent for themselves. This is termed Gillick competence and relies on an assessment of the competency of the child to understand the treatment options.

The mental capacity act and Gillick competence were revised at the practice staff meeting on 27 October 2016.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments we received from patients indicated that they were very happy with the level of care they received from the practice. With some commenting that they would recommend the service to others.

Patients considered the staff to be very friendly and professional and took the time to explain the options available to them.

We discussed and witnessed how patients' information was kept private. The computer was password protected and positioned below the level of the counter so that it could not be overlooked by a patients stood at the counter.

Confidentiality had been discussed at the staff meeting on 18 October 2016 and was underpinned by practice policies pertaining to confidentiality, patient records and data protections which had all been reviewed in 2016.

Involvement in decisions about care and treatment

Following examination and discussion with the clinician patients were all given a copy of a treatment plan to consider. This included the costs of treatment.

Patients commented that they felt listened to, that dentists offered good advice, and everything was explained to then in detail.

NHS and private price lists were displayed in the waiting area for patients' information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

At the time of the inspection the practice were taking on new NHS patients, and patients could expect to be offered a new appointment within a week of contacting the service.

We examined appointments scheduling and found that although busy there was enough time allocated for assessment and discussion of the patients' needs. Particularly as the practice had a dedicated decontamination nurse meaning that the dental nurse in treatment room was not taking time to process instruments.

The practice had a baby changing facility to assist patients attending with young children.

Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs.

The practice was wheelchair accessible via a ramp to the front door of the premises. The front door was automatic; again assisting patients with restricted mobility.

The practice had undertaken a disability discrimination audit which had highlighted these measures in place. In addition the patient toilet allowed for wheelchair access, and a lower level desk was in place at one end of the reception counter.

The reception area had a hearing loop to assist patients that used hearing aids, and although the practice had staff that spoke the most commonly spoken languages in their area, they also arranged for a telephone interpreting service after the inspection so that the practice could assist those patients for whom English was not their first language.

The practice leaflet was also available in a number of different languages.

Access to the service

The practice was open from 8.30 am to 5.30 pm Monday to Friday, and 8.30 to 12.30 on a Saturday morning. By offering appointments early in the morning and on a Saturday morning the practice made every effort to accommodate patients who may have other commitments during normal working hours.

Emergency slots were set aside each day for patients with an urgent need. The practice would always try to make these appointments with the patient's own dentist, however if they were not available an appointment would be offered with another dentist.

Outside normal working hours patients were directed to contact the NHS 111 service in the event of an emergency.

Concerns & complaints

The practice had a complaints policy in place which was displayed in the waiting area. As well as directing patients on how to raise a complaint within the service it also gave contact details for external agencies that a complaint could be escalated to. The policy was dated 16 August 2016.

We saw records of recent complaints made to the service. These were investigated and fed back to the complainant, with apologies where necessary.

Complaints were discussed in staff meetings to attempt to reduce the chance of reoccurrence, the practice also held dentists meetings where dentist would reflect on any complaints received.

Are services well-led?

Our findings

Governance arrangements

The principal dentist took responsibility for the day to day running of the practice, supported by the practice owner who worked nearby. In addition other staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the practice team.

During staff absence lead roles were re-assigned to ensure that governance procedures carried on with no disruption.

Monthly staff meeting were held with an agenda and minutes were written up after the meeting. Any staff member who was unable to attend the meeting would be shown the minutes to ensure they remained up to date with any changes.

The practice had an equipment maintenance schedule which indicated when all equipment was next due to be services or validated. This ensured that the practice equipment remained in the best possible condition.

The practice had policies and procedures in place to support the management of the service, and these were available for staff to reference in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding children and vulnerable adults, data protection and whistleblowing. All policies had been reviewed in the previous year.

Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the principal dentist.

A whistleblowing policy was available which guided staff in how to raise concerns about a colleague's actions or behaviours. The policy made it clear that staff would be supported in raising concerns and this would precipitate an internal investigation. Staff were also guided to raise a concern to an external agency although details of such an agency were not included. Following the inspection the policy was revised to include this information.

Staff we spoke with felt supported and comfortable to raise a concern if they felt the need.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out in August 2016 and did not raise any areas of concern. Previous to this an infection control audit was completed in January 2016 this generated an action plan for improvement.

The practice completed a comprehensive range of clinical audit annually including X-ray quality, record keeping, conscious sedation, basic periodontal index and the national institute of health and care excellence guidelines.

The practice collated a separate document which had all the action plans of the various audits so that oversight could be maintained of all the results and areas for improvement.

The practice put a focus onto training for all staff and annual staff appraisals were used as a tool to identify training needs. Personal development plans were drawn up to reflect these.

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

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out six monthly and the results shared with the practice. In addition the practice took part in the NHS friends and family test and a comment book on the reception desk invited patients to note their remarks immediately following their visit.

Staff commented that ideas were always welcomed by the management team, staff suggestions regarding storage and a baby change station were taken on board, as well as the staff suggestion to provide refreshments during lunch meetings.