

## The Family Dental Practice

# The Family Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 14 July 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.

#### **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.

The Family Dental Practice is a general dental practice in Woodingdean, East Sussex offering NHS and private dental treatment to adults and children. The practice also offers domiciliary care to patients in their own homes.

The practice is situated in the centre of Woodingdean. The practice has two dental treatment rooms, a decontamination room for the cleaning, sterilising and packing of dental instruments and a reception and waiting area. All services are provided on the ground floor. The main entrance to the practice is fully accessible for patients with mobility difficulties.

The practice is open Monday to Friday 8.30am to 5.30pm. The practice does not offer late evening or Saturday appointments at present.

The Family Dental Practice has two dentists (one of whom is the registered manager) and two dental nurses (one of whom is a trainee). A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The clinical team are supported by one receptionist. There was no hygienist in post at the time of inspection.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 10 completed cards. These provided a positive view of the service the practice provides. Patients commented that staff were professional, caring and friendly. Patients wrote that their needs were met promptly with good care. Patients also

# Summary of findings

commented that the environment was relaxed, safe and hygienic. We also spoke with four patients during our inspection who were highly satisfied of the treatment and support they received at the practice.

## **Our key findings were:**

- The practice took into account patient feedback, comments and complaints.
  - The practice was visibly clean and well maintained.
  - Patients were highly satisfied with the treatment they received and were complimentary about staff at the practice.
  - Staff received regular appraisals and felt well supported by their peers and managers.
  - The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
  - At our visit we observed that staff were caring and friendly and put patients at ease.
  - Patients' dental records we reviewed did not provide evidence of pocket charts or bleeding/ plaque indices where the Basic Periodontal Examination (BPE) score indicated that this was necessary.
- Staff at the practice had a good awareness of the incident reporting process. However, a sharps' injury from the previous day had not been reported.

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

- Maintain an accurate record of pocket charts or bleeding/ plaque indices for all patients where the BPE score would indicate that this is necessary.
- Consider a review of systems that are in place to detect, prevent and control the spread of healthcare associated infections, namely that of the correct storage of burrs and the use of personal protective equipment during the decontamination of instruments.
- Improve the processes and the sharing of information with staff regarding the reporting of sharps injuries.
- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems in place to assess and manage risks to patients. They had processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies.

### **Are services effective?**

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included accurate details of treatment provided. However, the records we reviewed did not contain a record of pocket charts or bleeding/ plaque indices where BPE scores indicated that this was necessary. The registered manager ensured there were sufficient staff numbers to meet patient needs.

### **Are services caring?**

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with care and staff were friendly. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection.

### **Are services responsive to people's needs?**

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

### **Are services well-led?**

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

The practice had systems in place to seek feedback from patients using the service. We observed good support from the registered manager which promoted openness and transparency amongst staff and the delivery of patient centred dental care.

# The Family Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 14 July 2015 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the practice.

During the inspection we spoke with two dentists, one dental nurse and one receptionist. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental records.

We reviewed 10 CQC comments cards during the inspection and spoke to four patients who were registered 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 had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. We looked at examples of accidents and incidents that staff had recorded. Records demonstrated that staff had acted on incidents that had occurred. However, we were told that one of the dentists had received a sharps injury the day before our visit. This had not been reported or recorded appropriately. We were told that the incident had not been reported as the injury was from a clean instrument. We were told that reported incidents were discussed at staff meetings when necessary.

The registered manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

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

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

Staff at the practice had attended safeguarding training for adults and children and knew that they had to keep this up to date. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice showed us that they had rubber dam kits available for use in line with the current guidance. The dentist we spoke with confirmed that they used rubber dams. 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 treatment. We noted that the rubber dams used were latex free to avoid the possibility of an adverse reaction from a patient with a latex allergy.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED 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. Oxygen and medicines for use in an emergency were available and were stored securely at reception. We noted the absence of a second 'D' size oxygen cylinder, oropharyngeal airways, a self-inflating bag with tubing and a blood glucose measurement device. We saw that the emergency kit contained appropriate emergency drugs.

Records showed that checks were made to ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a check sheet which was signed by a member of staff.

Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment and how to use it. The practice held scenario sessions and training during team meetings in order for staff to maintain their competence in dealing with a medical emergency.

### Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The registered manager told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out.

The practice had a policy in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. We looked at three personnel records during our inspection and found

# Are services safe?

that they contained appropriate recruitment documentation. This included proof of identification, two references, DBS checks, training certificates and proof of professional registration.

## Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice. The practice had a log of risk assessments. For example, we saw current risk assessments for radiation, hygiene and fire safety. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situation which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice did not have an electrical fire alarm system in place. We reviewed documents which showed that checks of fire extinguishers had taken place. Staff told us that fire drills were practised regularly. Records showed that staff had attended fire training. We saw that the fire evacuation procedure was clearly posted on the walls throughout the practice. Fire risk assessments had been carried out which indicated that identified risks had been addressed and actioned.

## Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the patient feedback

forms we reviewed. Treatment rooms were visibly tidy and free from clutter. Daily surgery checklists were in place which included cleaning and the flushing of water lines. However, waterline flushing was not routinely recorded on the daily checklist. The registered manager told us that this would be actioned immediately.

There were designated hand wash basins in each treatment room and the decontamination room. Appropriate handwashing liquid was available and waste bins were foot operated. Instruments were stored un-pouched in treatment room drawers. Staff told us that all instruments were re-sterilised at the end of each day, although we did not see evidence of this process taking place.

We observed that there were dirty burrs in open stands in the treatment room drawers. These were no longer being used and the registered manager told us they would be disposed of immediately. We noted that there was a full burr stand with an unsealed lid on the window sill in one of the treatment rooms. The registered manager told us that the burrs were selected during treatment and placed on a clinical surface. The registered manager told us that the burr stand would be moved to a more appropriate place immediately.

Decontamination was carried out in a dedicated local decontamination room (LDU) which we found fit for purpose. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment (PPE) such as face visors, aprons and gloves. Posters about good hand hygiene were displayed to support staff in following practice procedures.

The decontamination lead showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. However, we observed that the member of staff did not wear an apron or eye protection during the decontamination process. Dirty instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). We noted that there was no illuminated magnifier available to check for any debris or damage throughout the cleaning stages. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

# Are services safe?

There were sufficient instruments available to ensure that services provided to patients were uninterrupted. Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.) For example, dental nurses ran the water lines in each treatment room at the beginning of each session and flushed the dental water unit lines (DWL's) with an approved disinfectant.

The practice manager carried out an Infection Prevention Society (IPS) self-assessment decontamination audit relating to HTM01-05 every four months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice had a record of staff immunisation status with regards to Hepatitis B in staff personnel records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice. Waste was stored securely in a locked cupboard.

## Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual

checks of portable appliance testing (PAT) of electrical equipment and testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out annual servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Dentists recorded the batch numbers and expiry dates for local anaesthetics cartridges and these were recorded in the dental records. Medicines and prescription pads were stored securely and NHS prescriptions were stamped with an official practice stamp. Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

## Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) had been appointed and a nominated dentist was the Radiation Protection Supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in treatment rooms. X-ray audits were carried out at the practice on an annual basis.

We saw evidence that the dentists recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. Dental nurses at the practice were not involved in taking X-rays. One dentist's training certificates showed that they were up to date with IR(ME)R training requirements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. The ten dental care records we reviewed were clear and contained appropriate information about patients' dental treatment. However, there was no evidence of pocket charts or bleeding/ plaque indices in any of the notes we examined.

The practice kept paper and electronic records of the care given to patients. We reviewed the information recorded in patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the dentists were adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

### Health promotion & prevention

The waiting room at the practice contained a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on mouth cancer, healthy eating, periodontal disease, gum disease and bad breath.

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. We saw from patient records that assessments were not routinely carried out for patient caries, however we saw that high fluoride toothpaste and other oral health aids were displayed in reception for patients to purchase if

necessary. The dentist told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. However, we did not see any evidence of this in patient's dental records.

### Staffing

There was a team of two dentists and two dental nurses (one of whom is a trainee) at the practice. The clinical team was supported by a receptionist. There was no hygienist in post at the time of inspection. The trainee dental nurse was undertaking a course leading to an examination which would enable them to qualify as a dental nurse and register with the General Dental Council (GDC).

Support staff at the practice had completed appropriate training. Clinical staff had attended continued professional development training which was required for their registration with the General Dental Council (GDC). This included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of five members of staff at the practice which demonstrated that they had attended appropriate training and were up to date. Staff attended internal training and used team meetings to share learning and knowledge.

New members of staff received an appropriate induction programme when they joined the practice. There was an effective appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process.

Staff records contained details of current registration with the GDC and the registered manager monitored that all dentists and dental nurses remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

### Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. These included local NHS hospital dental services and specialist clinicians.

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental

# Are services effective?

(for example, treatment is effective)

services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. The records we looked at contained details of the referrals made and the outcome of the specialist advice.

## **Consent to care and treatment**

Staff described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. Staff explained to us how valid consent was obtained from patients at the practice. We reviewed a random sample of ten patient dental records which confirmed that valid consent had been obtained. Staff ensured that patients gave their consent before treatment commenced. We saw that treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan.

Patients told us they were given time to consider their options and make informed decisions about which option they wanted. This was reflected in comments from patients we spoke with as well as on CQC comment cards.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with the registered manager about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good understanding of the MCA and had received specific MCA training. The registered manager had shared their knowledge of the principles of the MCA at a recent team meeting. We saw evidence of this in the team meeting minutes we reviewed.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with four patients on the day of inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity.

A recent patient survey at the practice showed a high level of satisfaction with the quality of service provided. The questionnaire from February 2015 was undertaken over a six month period and included 30 patients in total. The results showed that 100% of patients were satisfied with the dentistry they had received. 100% of patients said that they were given an opportunity to ask questions. 100% of patients said that they were given information after their treatment.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored in password

protected computers and paper records were stored in secure filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

### **Involvement in decisions about care and treatment**

Patients were given a copy of their treatment plan and the associated costs. Patients we spoke with told us that they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were informed of the range of treatments available and their cost in information leaflets. We saw that NHS charges and prices of private treatments were clearly displayed in the reception area rooms and within the practice leaflet. Leaflets in the waiting area gave patients information on a wide range of treatments such as fillings and root canal treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in their practice leaflets in the waiting area. We saw there was a practice leaflet which contained information about the practice such as opening times and contact details. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentist to accommodate urgent or emergency appointments. Patients we spoke with told us they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs. Basic periodontal treatment to help maintain patient's gum health was carried out by the dentists. A hygienist was not employed at the practice at the time of our visit.

### Tackling inequity and promoting equality

The practice was contained on the ground floor of the building and the entrance to the practice was fully accessible to patients with mobility difficulties. There was parking available in front of the practice. The practice offered domiciliary visits to patients who were unable to leave their home.

We asked staff to explain how they communicated with people who had different communication needs, such as those who spoke a language other than English. Staff told us that they welcomed patients from all backgrounds, cultures and religions. They told us that patients could

request the female dentist if this was their preference. The registered manager told us that they would contact a local service to request translation and interpreter services where appropriate.

### Access to the service

The practice was open Monday to Friday 8.30am to 5.30pm. The practice did not offer late evening or Saturday appointments at the time of our visit. The registered manager told us that they hoped to offer extended opening times in the near future.

Information regarding the opening hours was available on the practice leaflet. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment. Some appointments were kept free each day so that the practice could respond to patients in pain. Several patients told us that the practice was very accommodating when scheduling both emergency and routine appointments.

### Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had not received any complaints within the last 12 months. Staff had a good understanding of the complaints process and some staff had attended relevant training. Staff described the process which would be followed and were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was available in the waiting area. Patients we spoke with told us they were confident in raising a concern and would speak to the practice manager. The practice had a whistleblowing policy which staff were aware of.

# Are services well-led?

## Our findings

### Governance arrangements

During the inspection, we reviewed a comprehensive clinical governance file. The registered manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The registered manager ensured there were systems to monitor the quality of the service such as audits. We looked at the contents of an audit file kept at the practice. The file contained audits relating to infection control practice, clinical records, medical histories and radiographs. The outcomes of these audits were discussed at practice meetings to enable staff to benefit from shared learning.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures in place to manage those risks.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. We saw evidence in the meeting minutes that shared learning and relevant training sessions had taken place in order for staff to remain up to date with current practice.

### Leadership, openness and transparency

Staff meeting minutes highlighted that any changes at the practice had been discussed. Staff told us they were kept informed of any changes and updates. They told us that the registered manager adopted an open and transparent approach at the practice.

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. Staff we spoke with described the practice culture as supportive, friendly and flexible. Staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively together and there was a supportive and relaxed atmosphere.

### Management lead through learning and improvement

The registered manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All the clinical staff (apart from the trainee dental nurse) who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff received appraisals every year. We saw completed appraisals in staff files which were up to date. New members of staff completed a probationary period and followed a robust induction programme. Staff attended regular practice meetings. The topics at the meeting in June 2015 included a review of previous meeting minutes, patient feedback, health and safety training, significant events and completed audits.

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

The practice had systems in place to seek feedback from patients using the service, including a patient questionnaire and the NHS Friends and Family Test. Feedback forms were available in the waiting area for patients to complete at each visit. The results of the patient survey were collected every month and reviewed by the receptionist twice per year. The receptionist told us that the results were passed on to the registered manager for review. The registered manager told us they were awaiting feedback from the NHS Friends and Family Test as they had only been using the survey for two months.

We saw evidence in the monthly minuted staff meetings that results of the patient satisfaction survey were discussed. There was limited evidence that changes or improvements had been put into place as a result of patients' comments. This was because the practice was newly registered. The registered manager told us that they welcomed feedback and suggestions in order that the

## Are services well-led?

practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the registered manager which were always listened to and acted upon.