

## Oasis Dental Care Limited

# Oasis Dental Care - Settle

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 24 January 2017 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**

Oasis Dental Care - Settle is located in Settle and provides NHS and private treatment to adults and children.

Wheelchair users or pushchairs can access the practice through step free access. Car parking spaces are available near the practice.

The dental team is comprised of three dentists, six dental nurses (one of which is a trainee and one is the lead), a dental hygienist, a dental hygiene therapist, two receptionists, a practice co-ordinator and the practice manager.

The practice has four surgeries two on each floor, a dedicated room for taking Orthopantomogram (OPG) X-rays, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

On the day of inspection we received eight CQC comment cards providing positive feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be efficient, friendly and polite. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

The practice is open:

Monday – Thursday 8am – 7pm

# Summary of findings

Friday 8am – 6pm.

The Practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 practice appeared clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Effective recruitment processes of staff were in place.

- Emergency equipment was available and staff were trained to respond to medical emergencies.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

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

- Review the location of equipment in the X-ray room to ensure any trip hazards are removed.
- Review the decontamination equipment validation testing process to ensure all tests are carried out for each piece of equipment in line with current guidance.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Lessons and improvements were made when things went wrong.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Areas of improvement could be made to the decontamination equipment validation testing process to ensure all tests are carried out for each piece of equipment in line with current guidance.

We reviewed the legionella risk assessment December 2016. Evidence of regular water testing was being carried out in accordance with the assessment. We found not all water temperature were reaching the required temperature as set out in the risk assessment. This was brought to the attention of the compliance team to review and follow up as soon as possible.

We found trip hazards within the X-ray room making access very difficult to safely access the room and the equipment. We brought this to the attention of the practice manager who assured us all trip hazards would be removed.

No action



### 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. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

No action



# Summary of findings

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Informed consent was obtained for treatment and recorded within the dental care records.

## Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were eight responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

The staff recognised and respected people's diversity, values and human rights

Dental care records were kept securely.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

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 had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

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.

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as two ground floor surgeries large enough to accommodate wheelchairs and pushchairs, large print information leaflets and braille services where required.

No action



## 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 practice manager was responsible for the day to day running of the practice.

No action



# Summary of findings

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted extensive patient satisfaction surveys, collected patient testimonials and collated feedback from social media. There was also a comments box in the waiting room for patients to make suggestions to the practice and patients were sent emails after treatment was completed to also provide feedback.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held monthly structured staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

# Oasis Dental Care - Settle

## 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with three dentists, a dental hygienist, four dental nurses, a receptionist, the treatment co-ordinator, a representative from the

compliance team and the practice 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 policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. All staff were aware of the notifications which should be reported to the CQC.

The practice had recorded, responded and discussed all incidents to minimise risk and support future learning.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment. This risk assessment was updated annually to ensure any new updates or equipment was added.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On

the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis.

### Staff recruitment

The practice had a policy and a set of procedures for the recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

# Are services safe?

The practice manager told us they carried out Disclosure and 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 a sample of recruitment files and these showed that all checks were in place.

All clinical staff, as appropriate, 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**

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in October 2015. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **Infection control**

There was an infection prevention and 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 prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We found not all of the recommended daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. We discussed this with the practice manager who assured us training and new logs would be implemented.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses demonstrated correct procedures for the decontamination of used instruments.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in January 2017 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.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in December 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. We found not all



# Are services safe?

water temperatures were reaching the required temperature as set out in the risk assessment. This was brought to the attention of the compliance team to review and follow up as soon as possible.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented the practice was consistently clean.

## **Equipment and medicines**

We saw evidence of servicing certificates all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

There was a system in place for prescribing, administration and storage of medicines.

We saw the practice was storing NHS prescriptions in accordance with current guidance.

## **Radiography (X-rays)**

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

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

X-ray audits were carried out by the practice bi-annually. The audit and the results were in line with current guidance. The practice manager worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had an OPG (Orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. We found trip hazards within the X-ray room making access very difficult to safely access the room and the equipment. We brought this to the attention of the practice manager who assured us all trip hazards would be removed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patient's current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The audits had action plans and learning outcomes in place.

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

### Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease 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. Staff told

us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist or hygienist for a more detailed treatment plan and advice. The oral health educators also were used fully within the practice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

### Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

### Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were effective.

### Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

# Are services effective?

(for example, treatment is effective)

Staff were clear on the principles of the Mental Capacity Act and the competency assessment for children under 16. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions

about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

# Are services caring?

## Our findings

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

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. The layout of the waiting areas was conducive to maintaining confidentiality as conversations at the reception desk could not be overheard by those in the waiting area.

We were told if patients wanted to talk in private a room this would be sought.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public when in use. Patients' electronic care records were regularly backed up to secure storage. Any paper records were securely stored.

Music was played within the practice treatment rooms for patients and magazines and information screen were in the waiting room. Cool drinking water was also available.

Information folders, patient testimonials and thank you cards were available for patients to review.

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

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

We were told staff responded to pain, distress and discomfort in an appropriate way.

The practice's website provided patients with information about the range of treatments which were available at the practice. This included general dentistry and treatments for gum disease and crowns.

# 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 we found the facilities were appropriate for the services that were planned and delivered.

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 the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as step free access, a hearing loop and accessible toilet with hand rails. The practice had completed a disability access audit as required by the Equality Act 2010.

Staff had access to a translation service with contact details of braille and transcription services also available for staff to refer to should the need arise. We were told patient information was available in different formats and languages if required.

### Access to the service

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

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

### **Leadership, openness and transparency**

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the 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 and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

### **Learning and improvement**

We saw audits were carried out with results and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

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.

Staff told us they had access to training which helped ensure mandatory 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. They stated that the practice supported training which would advance their careers.

### **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 staff and people using the service. These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback and patients were sent emails after treatment was completed to also provide feedback. We confirmed the practice responded to feedback.

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