Woodview Dental Health Practice Partnership

Mydentist - Burgh Road - Aylsham

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mydentist - Burgh Road – Aylsham is a mixed dental practice providing both NHS and private treatment to children and adults. It has a standard NHS contract and offers general dentistry services to about 15,000 patients living primarily in the Aylsham and North Walsham areas.

The practice employs two full-time, one part-time and one locum dentist. They are supported by four dental nurses. There are also three dental hygienists who provide preventative advice and gum treatments. The practice has a full time practice manager 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 has four dental treatment rooms and one decontamination room for cleaning, sterilising and packing dental instruments.

Summary of findings

We spoke with six patients and also received 26 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the practice and its staff. People told us it was easy to get an appointment and that reception staff were friendly and helpful. One person told us they had been given excellent advice about oral hygiene that they now practiced. Three people told us that dental staff were empathetic to their nervousness about attending the dentist and two people commented that staff worked well with their children.

Our key findings were:

- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment was readily available.
- Patients' needs were assessed and care was planned and delivered in line with current guidance such as that from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Staff felt involved and worked as a team and clear governance systems were in place.
- The practice sought feedback from staff and patients about the services they provided.

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

- Appoint a safeguarding lead within the practice.
- Review infection control procedures so that ultrasonic cleaners are not over filled with dirty instruments and cleaning of spittoons and hard to reach areas is improved .
- Provide staff with robust knowledge of the Mental Capacity Act and its implications for treating patients who cannot make decisions for themselves.
- Provide staff with equalities and diversity training to ensure they have a good knowledge of protected characteristics and particular groups who are covered against discrimination.
- Review why rates of X-rays taken are well below the national average.

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 for the management of infection control, clinical waste, medical emergencies and dental radiography. We found the equipment used was well maintained and in line with current guidelines.

Staff had received training in safeguarding patients and knew how to report concerns. Recruitment procedures were robust and staffing levels were safe for the provision of care and treatment.

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

The treatment provided was effective, evidence based and focussed on the needs of the patient. The practice kept detailed dental records of oral health assessments and treatments carried out. It monitored any changes in patients' oral health.

Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Audits of various aspects of the service such as X-rays, dental care records and infection control were undertaken to help monitor and improve the service.

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

Patients told us that staff were caring, professional and empathetic to their needs. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. Staff took patients' confidentiality and privacy seriously.

There was a small play area in the waiting room for children to use whilst they waited.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

There were good dental facilities in the practice and there was sufficient well maintained equipment to meet the dental needs of its patient population. There was good access to the service with appointments for patients with urgent care needs available the same day.

Instructions were available for patients requiring urgent care when the practice was closed.

The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

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

Summary of findings

There was a clear leadership structure and staff felt supported and told us it was a good place to work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

Mydentist - Burgh Road - Aylsham

Detailed findings

Background to this inspection

The inspection took place on 18 August 2015 and was conducted by a CQC inspector and a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with three dentists, the practice manager, two dental nurses and two members of the reception team. We also spoke with six patients. We reviewed 26 comment cards about the quality of the service that patients had completed prior to our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We viewed the practice's accident book and noted that incidents had been recorded in detail. All incidents were reported to the provider's head office where they were monitored by its health and safety departments. Information from incidents was regularly shared via the provider's weekly e-bulletin that was sent to all practice managers in the company for sharing with staff. Staff told us of a recent incident where a patient had fallen in one of the treatment rooms. As a result, a new procedure had been introduced whereby the dentist would only call patients through for their consultation when a dental nurse was present, to better ensure patients' safety.

National patient safety alerts were sent to the practice and the manager printed off hard copies which were then signed by staff. We noted that the a recent alert concerning dental panoramic x-ray systems had been discussed at the practice meeting of May 2015 to ensure that all staff were aware of its implications. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Complaints and patient feedback from the practice's own surveys or from NHS Choices was regularly discussed at staff meetings so that learning from them could be shared, and improvements to the service made in their light.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect in both children and vulnerable adults. We noted good information available in the staff room about how to raise safeguarding concerns which included contact details of the local safeguarding teams and the Norfolk multiagency safeguarding hub. We also noted details of the provider's own whistle blowing telephone number in the staff room and staff told us they were confident about raising concerns if they witnessed poor practice by a colleague. However, there was no safeguarding lead appointed at the practice to be a source of expertise and knowledge about safeguarding matters.

The practice manager showed us how a flag could be added to dental records if there were concerns about a child or vulnerable adults to ensure that staff were aware of any issues.

Medical emergencies

All staff, including receptionists, had received training in cardiopulmonary resuscitation and those we spoke with knew the location of all the emergency equipment in the practice. The practice manager and one of the dentists had been booked on forthcoming first aid training to refresh their first responder skills. We checked the emergency medical treatment kit available and found that this had been monitored regularly to ensure that it was fit for purpose. The practice had all equipment in place as recommended by the Resuscitation Council (UK) to deal with a range of medical emergencies commonly found in dental practice.

Emergency medicines were available in line with guidelines issued by the British National Formulary to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. The location of first aid boxes and emergency equipment was clearly signposted throughout the practice.

Simulations were practiced every three months by staff to ensure they knew what to do in the event of a medical emergency.

Staff recruitment

Appropriate checks had been made before staff commenced employment including evidence of

professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. 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. Dental clinicians had all received an enhanced check, whilst reception and administration staff had a standard check. Standardised questions were used in interviews to ensure consistency in employment practices.

Are services safe?

Professional registration checks were undertaken each year to ensure dental clinicians were still fit to practice.

All staff underwent a thorough induction to their role and dentists attended the provider's national academy for a three day clinical induction which covered record keeping, NHS requirements, patient communication and in delivering better oral health care. We viewed induction records which showed that staff had received training in health and safety, and also medical equipment and protocols.

Monitoring health & safety and responding to risks

We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were comprehensive and covered a wide range of areas including health and safety, radiation, asbestos, fire, infection control, and the use of dental equipment. We found that these assessments were detailed and kept up to date to ensure their relevance to the practice. We also noted that action had been taken to address identified risks. For example, a key pad entry system had been installed to the staff room to ensure better security, a lumber cushion had been purchased for one staff member to support their back and head sets were being considered for staff for use with computers.

There were regular checks of the building, fire systems, medicines management, staffing, dealing with emergencies and equipment. The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. We saw that sharps bins were securely attached to the wall in treatment rooms and the decontamination room to ensure their safety. A legionella risk assessment had been completed and staff carried out regular checks of water temperatures in the building as a precaution against the development of legionella. Regular flushing of dental water lines was carried out in accordance with current guidelines.

The practice maintained a safe environment for patients within the building. Fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested, and we saw records to demonstrate this. Fire safety training was undertaken and documented. We saw that named fire marshals within the staff team had received appropriate training. We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Health and safety matters were a standing agenda item at each practice meeting to ensure that staff were up to date with the latest guidance and protocols.

A business continuity plan was in place to deal with a range of emergencies that might impact on the daily operation of the practice. Risks identified included loss of utilities and patient data. The document contained relevant contact details for staff to refer to. The practice manager and the deputy kept a copy of the plan off-site to ensure access to it in the event of a major incident.

Infection control

We looked at policies relating to infection control and checked cleaning logs to ensure that protocols were followed. The practice carried out regular audits of infection control using the format provided by the Infection Prevention Society. There was a nominated dental nurse who had responsibility for infection control and was the lead for decontamination in the practice.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, staff room, corridors and treatment rooms. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily. There were prompter posters above each sink reminding staff of the correct way to wash their hands. However we noted a heavy build up of dust behind three radiators in the practice, and also a build up of lime scale around the plugs in one of the spittoons, making it difficult to clean effectively.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact and removed dirty instruments safely.

Are services safe?

Dental instruments were cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. However we noted that the ultrasonic cleaner had been overloaded with instruments thereby compromising its ability to clean effectively. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had completed a risk assessment for legionella (a bacterium which can contaminate water systems in buildings) and we saw records that confirmed the practice was carrying out regular checks to reduce the risk of infection to staff and patients. Staff followed recommended protocols to manage the dental unit water lines.

Personnel records showed that dental staff had been immunised against Hepatitis B

Equipment and medicines

We looked at the maintenance schedules and routine daily and weekly testing regimes for the equipment used in the practice. This showed that equipment was maintained in accordance with the manufacturer's instructions. This included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All portable electrical equipment was routinely tested and displayed stickers indicating the next testing date was due.

Staff told us they had the equipment they needed for their role and the condition of all equipment was assessed each day by staff as part of their daily surgery checklist to ensure it was fit for purpose. They reported that equipment breakdowns were managed quickly and effectively.

We saw from a sample of clinical records that the batch numbers and expiry dates for local anaesthetics were always recorded in the clinical notes. Medicines and prescription pads were stored securely and to prevent incidents of prescription fraud.

Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were displayed in areas where X-rays were carried out. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only.

We looked at a sample of dental care records where X-rays had been taken. These showed that the dentists recorded the reasons they had taken X-rays, their grade and the results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental care records contained a written patient medical history which was updated for every course of treatment. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Both the dentists we spoke to on the day of our visit were aware of various best practice guidelines. Dental care records we viewed evidenced clearly that National Institute for Health and Care Excellence (NICE) guidance was followed for patients' recall frequency, antibiotic prophylaxis and wisdom tooth removal. However we were concerned to note that the number of X-rays taken by clinicians was well below the national average, and staff were not able to give a clear explanation why this was. The clinical director assured us he would follow this up at his next visit.

The records showed that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. Dental care records we also demonstrated that patients were given comprehensive advice about dental hygiene, diet, tobacco and alcohol consumption. Where appropriate, dental fluoride treatments were prescribed.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, quality of dental radiographs, patient waiting times, practice safety reviews and infection prevention control procedures.

Health promotion & prevention

There was a range of information available for patients on the provider's website. This included information such as the importance of routine check-ups, and maintaining good oral health. Dental records viewed confirmed that patients were given oral health promotion advice appropriate to their individual needs. We noted that the dentist asked patients about their weekly alcohol intake.

The waiting room/reception area contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. There was a strong focus on dental health education for all patients including children. The practice regularly gave out a booklet entitled 'The Little Book of Big Smiles, a guide to your child's dental health', and had also been giving out two minute timers to remind patients how long they should brush their teeth for. These timers had been so popular that the practice manager told us she had just ordered another 70.

A number of oral health care products were available for sale to patients.

Staffing

The practice manager told us she organised the staff rotas a month in advance to ensure there was adequate cover. The practice manager was a dental nurse and could provide additional support if necessary. The practice also had access to staff working in other IDH services nearby if needed to cover unexpected staff shortages Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough of them on duty to keep patients safe.

We looked at three staff employment files, training records and revalidation logs. We saw evidence that all staff were appropriately qualified, trained and where appropriate, had current professional validation. Staff had access to the provider's Academy, where they could access a range of on-line training for their professional development. The practice also held regular 'Lunch and Learn' sessions where a range of speakers attended to give training sessions to staff. Dental staff regularly attended Deanery events and trainings hosted at the Norfolk and Norwich University Hospital to keep their skills and knowledge up to date. They also attended peer review groups in the Norfolk area to share best practice and learn form one another.

The dental nurses and reception staff received one to one supervisions every three months or more frequently if required. These supervisions were carried out by the practice manager. The dentists received performance reviews with IDH's clinical director, and also had one to one meetings every month with the practice manager. Staff said they felt supported and involved in discussions about their personal development and training.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. A referrals log was kept which staff regularly reviewed to ensure patients received care and treatment needed in a timely manner. All referrals for oral cancer were followed up with a phone call by staff to check they had been received.

Consent to care and treatment

Dental staff spoke knowledgeably about the importance of gaining patients' consent to their treatment, and told us that patients were always asked to sign relevant consent forms before their treatment took place. For National Health Service patients the practiced used the standard FP17 form which had the treatment plan identified and the cost. NHS patients signed this form to show their consent to the treatment and costs. For private patients, an individual treatment plan was printed off and signed by the patient to show their consent.

Dental care records we viewed demonstrated that patients' consent to their treatment had been obtained and that this was recorded. During our observation we saw that the dentist went through the patient's treatment form with them thoroughly before asking them to sign it.

However some staff were less sure about how to support patients who did not have the mental capacity to agree to their treatment, other than ensure a relative accompanied them. Staff had not received any specific training in the Mental Capacity Act 2005 and their duties in fulfilling it.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 26 completed cards in total. These provided a positive view of the service the practice provided. Patients commented that staff were professional, efficient and empathetic to their needs. Some patients commented that staff were particularly good at treating their children. One patient told us they were pleased that their treatment costs were explained to them in the treatment room, rather than at the reception desk, allowing more privacy.

We spent time in the patients' waiting area and found the general atmosphere was welcoming and friendly. We observed staff being cheerful and helpful to patients, despite the busyness of the practice. Staff called through patients into consulting rooms in person, and in a friendly and professional manner

Patient confidentiality was taken seriously by staff and they provided us with many practical examples of how they maintained patients' privacy. They told us that all patient paperwork was stored in a locked room upstairs, that their computers were password protected and that they always logged out when leaving their screens. They also told us that they always used patients' ID numbers, rather than their names when dealing with any lab work.

All consultations were carried out in the privacy of the treatment rooms and we noted that treatment room doors were closed during procedures and conversations taking place in these rooms could not be overheard.

We noted that reception staff remained polite and helpful despite large number of patients attending and ringing into the surgery. One reception staff member dealt empathetically but firmly with a patient who was questioning the cost of their hygienist visit.

Involvement in decisions about care and treatment

Patients received a treatment plan which clearly outlined their treatment and the cost involved, and those we spoke with told us they felt involved in decisions about their dental care.

Dentists also frequently gave out information leaflets to patients to help them better understand their treatment and oral health care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered both NHS and private treatment to children and adults and employed three dental hygienists who could be accessed directly by patients, without the need of a referral from a dentist.

We found good information about NHS/private and hygienist charges in the waiting to ensure patients knew how much their treatment would cost. This ensured that patients had access to appropriate information in relation to their care. We noted there was a small play area in the waiting room for children to enjoy whilst they waited.

Two patients told us they particularly liked the text service which reminded them when their appointment was due.

Tackling inequity and promoting equality

Translation services were available for patients whose first language was not English and information on the practice's leaflet stated it could be made available in Braille, large print or other languages if needed.

There was disabled parking outside and a ramp available to access the entrance to the practice. The doors however were not automated, making them difficult for wheelchair users to open, and there was no bell to ring to attract staff's attention.

The waiting area was large and open plan with space for wheelchairs and prams and the reception desk had been lowered at one end to make it easier to communicate with wheelchair users. However, there were no easy riser chairs, or wide seating available areas to accommodate patients with mobility needs. There was no hearing loop to help those with a hearing impairment. All treatment rooms were on the ground floor and a disabled friendly toilet was available.

Staff did not receive any equalities and diversity training and had a limited knowledge of protected characteristics and particular groups who were covered against discrimination

Access to the service

Information was available about appointments on the practice's website and also in its patient information leaflet. This included opening times, how to book appointments, details of the staff team and the services provided. This ensured that patients had access to appropriate information in relation to their care.

The practice was open 8 am to 5 pm Monday to Friday. Appointments could be booked by phone, in person or by email. There was no facility to book on-line although the practice was planning to introduce this facility. There was information outside the building informing patients of out of hours emergency services, should they come to the practice when it was closed.

Patients told us they could usually get an appointment at a time that suited them and it was easy to get through on the phone.

Emergency appointments were available and each dentist held two slots each day for those who wanted urgent or a same day appointment. There was also a 'sit and wait' service, whereby patients with dental pain could attend the surgery without an appointment and wait to see a dentist.

Concerns & complaints

We viewed the practice's code of practice for patients' complaints which detailed the process to be followed, the timescales within which complaints would be dealt with, and also external organisations who could be contacted to deal with concerns.

We saw that information was available to help patients understand the complaints system in the waiting area and on the practice's web site. Patients were able to leave feedback about their experience on the website and contact details of the provider's patient support team were also available for them to contact.

All dentists received training in complaints handling as part of their induction training when they started working for the provider.

The practice regularly responded to patients' comments received on the NHS Choices web site, and any complaints made on the site were downloaded by the practice manager and discussed at staff meetings, evidence of which we viewed.

Are services well-led?

Our findings

Governance arrangements

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people. We found that these policies were regularly reviewed to ensure they remained relevant and up to date. Staff were required to confirm that they had read and understood the policies.

There were regular meetings with all staff which were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients. Minutes of the meetings were taken for those who could not attend.

All practice managers within the IDH Group received a weekly bulletin from its central operations team outlining any actions they had to take in response to policy updates, operational changes and health and safety requirements. Minutes we viewed of staff meetings showed that the practice's performance, business messages, policy changes, and health and safety updates were regularly discussed.

The practice manager was supported by an area manager and clinical support manager who visited regularly to assist her and oversee the running of the practice. She told us there was also a 'cluster' manager who oversaw a small number of practices to ensure they were operating effectively. Staff also had access to staff on the provider's national help desk who provided advice and support on a range of dental and administrative matters.

The practice completed the NHS information governance tool kit each year to measure its compliance with the laws regarding how patient information is handled.

Staff received regular appraisal and one to one meetings with the practice manger. Staff reported that their appraisal was useful, and helped them identify any further training needs.

Leadership, openness and transparency

The practice manager was an experienced registered dental nurse and manager. She attended meetings with other managers in the area to share best practice and ensure consistency of approach within the organisation.

There was a clear leadership structure within the practice, and in addition to the practice manager there was a deputy manager. Some staff had additional responsibility and undertook lead roles in decontamination, nursing and reception.

Several staff we spoke with described the practice like a family, with good working relations between staff at all levels. They reported that their ideas and suggestion listened to. For example one staff member told us their suggestion that patients' notes be prepared by reception staff the day before their appointment had been implemented.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Although they had not needed to use it, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use. Details of the provider's own whistle blowing telephone line was advertised in the staff room, demonstrating that the provider took staff's concerns seriously.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year. One staff member described the academy's on-line training as excellent and she was even able to complete courses that were not directly related to her role.

The practice carried out regular audits on a range of issues including the quality of dental care records; patient referral and radiographs. Every six months there was a six months on infection prevention and control audit to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were managed well and had improved significantly since the previous audit from 74% to 95%. However we noted that the quality of the audit for the practice's antimicrobial usage was poor. The auditor had failed to assess key areas such as the reason why antibiotics had been prescribed, whether warnings to

Are services well-led?

patients had been recorded and whether a follow up appointment had been arranged. The provider's clinical director told us he would follow this up at his next monitoring visit to the practice.

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

The practice encouraged and valued feedback from patients. Patient feedback was a standing agenda item at the practice's team meetings and information received from the practice's own surveys, the Friends and Family Test, complaints and NHS Choices was regularly discussed and used to improve the service. In response to complaints from patients about the length of time it took to fill in their medical history forms, reception staff now advised all patients to come five minutes earlier to their appointments to allow time for these forms to be completed.

The practice also gathered feedback from staff through team meetings, supervisions and appraisal Staff told us they had recently been sent a questionnaire by the provide in order to seek their feedback on the rebranding of the practice.