Mr. James Antony Storey

J A Storey Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

J A Storey Dental Practice is located in Consibrough, Doncaster. The practice is situated on the first floor and offers mainly NHS dental treatment and private treatments. There is one treatment room, a decontamination room, a reception and waiting area, an office area with staff facilities and a communal toilet.

There is one full time dentist; a part time dental hygiene therapist one dental nurse, one receptionist and a practice cleaner.

There is a slight step at the front entrance to the practice which has been adjusted for ease of access. Handrails are positioned up the stairway to assist patients with impaired mobility. Parking is available outside the premises and in car parks nearby.

The practice is open between 9:00am and 5:30pm Monday to Thursday, 9:00am to 1:00pm Friday

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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

On the day of inspection we received 35 CQC comment cards providing feedback. Patients who provided feedback were very positive about the care and attention to treatment they received at the practice. Comments included that patients felt they were involved in all

Summary of findings

aspects of their care and found the staff to be very pleasant and helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and tidy.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice.

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?

No action

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

The practice had effective 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, dental radiography and management of medical emergencies.

All emergency medicines and equipment was 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 and accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw corresponding processes and systems in place.

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

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.

The practice had a robust and effective fire safety management plan in place and staff demonstrated significant fire safety awareness.

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.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

We reviewed the legionella risk assessment from December 2016. Evidence of regular water testing was being carried out in accordance with the assessment.

Are services effective?

No action

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

Patients' dental care records provided 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).

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

Summary of findings

Are services caring?

No action

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

We spoke to three patients who 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 35 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

The practice had a separate room available if patients wished to speak in private.

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.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

Are services responsive to people's needs?

No action

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice, in the practice leaflet and on the NHS choices website.

The registered provider had taken into account the needs of different groups of people and put reasonable adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

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

Are services well-led?

No action

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

The principal dentist, led and managed a small team where team spirit was evident and was responsible for the day to day running of the practice. Staff felt very supported and appreciated in their own roles.

There were effective systems and process in place for monitoring and improving services. The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning system.

Summary of findings

The practice conducted patient satisfaction surveys; there was also a suggestions box and comments book in the waiting room for patients to make suggestions and comments to the practice. A television, books and toys were also available for patients and children in the waiting area.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

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

J A Storey 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 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.

During the inspection we spoke with the principal dentist, one dental nurse, one receptionist and three patients. 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

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.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The principal dentist was aware of the notifications which should be reported to the CQC.

The principal dentist told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. We saw evidence to support that alerts had been received and actioned accordingly throughout the practice.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The principal dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff gave good examples of their understanding and demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding 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. A safer sharps system was in use and a thorough risk assessment was in place to mitigate risk of sharps injury.

Staff told us that rubber dam was routinely used when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet of latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. On the rare occasions when it is not possible to use rubber dam the reason 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 staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

Medical emergencies

The practice had good 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 very knowledgeable about what to do in a medical emergency and had completed external training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kit and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept and all emergency medicines were in date and all emergency equipment was in place.

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 and medical oxygen cylinder. These checks ensured the oxygen cylinder was sufficiently full and in good working order, we saw the oxygen cylinder was serviced on an annual basis and the AED was checked daily.

Staff recruitment

The practice had a comprehensive recruitment policy and associated staff documentation checks in place. The checks included obtaining proof of their identity, checking

their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the two most recent staff members' recruitment files which confirmed the processes had been followed. All personal information was stored securely.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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 recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments, dated June 2016 to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice also had a current Health and Safety policy dated November 2016.

The practice maintained comprehensive Control of Substances Hazardous to Health (COSHH) electronic and paper folders which was due for review May 2017. 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. Risk assessments and safety data sheets were present and the content of the files was known by all staff.

A fire safety risk assessment was completed in June 2016. We saw as part of the checks by the team smoke detectors and the fire extinguishers were checked weekly and serviced annually. There was evidence that fire drills were undertaken bi-annually. The practice had also invested in fire blankets, fire escape ladder and an escape chair for the stairs. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

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 the dental nurse about decontamination and infection prevention and control. We also saw the appropriate daily and weekly tests were being carried out by the dental nurse to ensure the equipment was in working order and instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in November 2016 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 good results and an action plan was in place to address any non-compliances.

We inspected the decontamination and treatment room. The rooms were very clean, drawers and cupboards were tidy and contained adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in the treatment room, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in February 2015 and this was updated 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 room at the beginning and end of each session and between patients, and monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste securely inside the practice until collection. An appropriate contractor was used to remove the waste from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps, amalgam and gypsum was collected on a regular basis.

Are services safe?

A cleaner was employed to carry out weekly environmental cleaning when the practice was closed and we observed the cleaning equipment followed the current guidance. We saw the cleaning policy was reviewed annually.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendation.

The practice had a protocol for logging prescriptions given to patients and implemented an audit to ensure systems are in place to monitor and track their use.

We saw evidence of servicing certificates for sterilisation equipment, the X-ray machines and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The practice was acting in compliance with Ionising Radiation (Medical Exposure) Regulations 2000, (IR(ME)R). A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the treatment room and within the radiation protection folder for staff to reference if needed.

We saw that a justification, a grade and a report were documented in the dental care records for all X-rays which had been taken.

Self-assessment X-ray audits were carried out by the principal dentist every two weeks and peer reviewed bi-annually by a colleague at a different practice. We saw evidence of the most recent X-ray audit which was graded and analysed for improvement. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists 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.

The dentists used NICE guidance to determine a suitable recall interval for the patients. 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 for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice. This was recorded in the patients' dental care records.

We saw patient dental care records were audited annually to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audit had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

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

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, 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 decay. Staff told us the principal dentist would always provide oral hygiene advice to patients where appropriate or refer to the dental hygiene therapist for more advice.

The practice had a selection of dental products on sale in the reception area 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 dentist that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were dental information posters and health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

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

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the principal dentist or at any time to discuss continuing training and development as the need arose.

Working with other services

The dentist 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. Referral letters were used to send all the relevant information to the specialist. We saw the patient referral tracker system which was used to monitor the progress of all referrals.

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

Are services effective?

(for example, treatment is effective)

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.

Consent to care and treatment

We spoke with staff about how they implemented the principles of 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. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in the patient's record. Any treatment option declined would also be recorded. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA 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 fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The waiting room and reception were within close proximity and staff told us that privacy was not always easy to maintain. An alternative area would be offered if a patient wished to speak privately.

Patient's dental care records were securely stored in a locked cabinet in accordance with the Data Protection Act.

We saw the treatment room door was closed at all times when patients were being seen. Conversations could not be heard from outside the treatment room which protected patient privacy

A selection of magazines, children's toys and dental leaflets were in the waiting room for patients to use.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients told us they felt the practice was very professional and they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers where appropriate and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen 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 which included opening times and the practice complaints procedure. Access to emergency care, opening times and staff details could be found on the practice website.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included modified access to the entrance of the practice and handrails up the stairs to aid entry into the reception and waiting room. Patients who found the first floor practice difficult to access would be signposted to an alternative practice.

Access to the service

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

The opening hours are:

9:00am – 5:30pm Monday, Tuesday and Thursday

9:00am – 6:00pm Wednesday

9:00am – 1:00pm Friday

Where treatment was urgent staff told us they were trained to triage emergency patients to offer a same day appointment. The practice would always aim to see emergency patients the same day so that no patient was turned away. 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.

Information for patients was available in the waiting areas. This included who was the lead complaints manager, how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they would raise any formal or informal comments or concerns with the principal dentist to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We looked at the practice policy and procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response.

The practice had received no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the service. There was a comprehensive range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. All policies were reviewed by staff.

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 risk management 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.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of the policies and their roles and responsibilities within the practice.

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

Leadership, openness and transparency

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 staff meetings involving all available staff members. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. We saw that staff read and signed all meeting minutes.

All staff were aware of whom to raise any issue with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, Health and Safety and infection prevention and control.

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 GDC.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had a very dedicated small team. There was a strong emphasis on team work, staff told us and we saw they were very happy in their role.

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment card feedback form in the waiting room. Feedback was also gathered by using an internet survey. The satisfaction surveys included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

Patients were encouraged to provide feedback on a regular basis either verbally or using the suggestion boxes in the waiting room. 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.