

Mr. Asheesh Paul

# St. Anne's House Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 28 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

### 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.

# 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 to provide safe care and treatment. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. The practice had arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure the practice received, reviewed and acted upon 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).

### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements could be made to ensure the practice reviewed its protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.'

**No action**



**No action**



# Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council.

## **Are services caring?**

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

We reviewed 43 CQC comment cards and the practice patient satisfaction survey. Patients were positive about all aspects of the service the practice provided. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone and in the reception area. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

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

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

The practice's appointment system was efficient and met patients' needs. The practice provided friendly and personalised dental care. The practice had extended opening hours until 8:00pm two days per week. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the '111' out of hours service were available for patients' reference.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Patients had access to information about the service through the practice website.

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

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly typed and stored securely.

**No action** 

**No action** 

**No action** 

# Summary of findings

The staff we spoke with described an open and transparent culture which encouraged candour. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

# St. Anne's House Dental Practice

## Detailed findings

### Background to this inspection

#### Background

St. Anne's House Dental Practice is located in Cookham, Maidenhead and provides mainly private treatment to patients of all ages. The premises are on the lower ground, ground and first floor and consist of four treatment rooms, a decontamination room, an X-ray room and a reception area. The practice is open on Monday and Tuesday 8:00am – 8:00pm, Wednesday and Thursday 8:00am – 5:30pm, Friday 8:00am – 2:30pm and one Saturday per month 9:00 – 1:00pm.

The dental team includes the principal dentist, four associate dentists, three dental nurses, three dental hygienists, a treatment co-ordinator, two receptionists and the practice manager.

The practice is owned by an individual who is the principal dentist there. They 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 collected 43 CQC comment cards filled in by patients and reviewed results of the practice patient satisfaction survey. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, an associate dentist, two dental nurses, a dental hygienist and the treatment co-ordinator. We looked at practice policies and procedures and other records about how the service is managed.

#### Our key findings were:

- The practice was clean and well maintained.

- The practice had infection control procedures which reflected published guidance.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving, reviewing and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines

# Detailed findings

and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

- Review availability of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There was one reported incident within the last 12 months. Staff told us the incident was investigated. However, the practice did not have evidence of this. Improvements could be made to ensure that the reported incidents were investigated, documented and the learning shared with staff.

Staff told us the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice did not have records of this and staff were not aware of recent relevant alerts. Improvements could be made to ensure relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There were no reported safeguarding concerns in the last 12 months.

The practice had a whistleblowing policy which included the contact details of external agencies to which staff could raise concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Some of the emergency equipment and medicines were available as described in guidance issued by the Resuscitation Council UK. We noted the practice provided sedation and the Flumazenil had expired in May 2017. Various sizes of oropharyngeal airways, syringes and needles had expired. Following our inspection the practice sent us confirmation the drug and equipment had been ordered.

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. Staff kept records of their checks to make sure these were available and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 10 of the staffs' recruitment files. These showed the practice followed their recruitment procedure. The practice did not have up to date immunisation records for two clinical member of staff. Following our inspection the practice sent us confirmation of up to date immunisation records.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients. We were told the dental hygienists normally worked without chairside support but support was available when requested. We drew to the attention of the provider the advice given in the General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of

# Are services safe?

the dental team when treating patients in a dental setting. Following our inspection the practice sent us confirmation of a risk assessment for the dental hygienist working without chairside support.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in May 2017. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

The practice had a health and safety policy and had undertaken a range of risk assessments in September 2016. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice per year. The latest audit showed the practice was meeting the required standards.

The practice had undertaken a Legionella risk assessment in March 2017. We observed and there was a recommended action plan in place. The principal dentist told us the practice was in the processes of completing all the recommended actions. We observed the practice was monitoring water temperatures and using a disinfectant in the water lines.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

We observed the floor in the decontamination room did not have coved edges that were sealed and impenetrable to moisture in line with HTM 01-05 guidance. Two of the treatment rooms had carpets as a part of the flooring. The upholstery on one of the dental chairs was damaged. Following our inspection the practice sent us a quote for the replacement of the floor and reupholstering of the dental chair. The principal dentist provided us with assurances the repairs would be made.

## Equipment and medicines

We saw servicing documentation for the equipment used. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in November 2016. The practice had installed a new compressor in March 2017 and a pressure vessel check had been booked for the second compressor on 18 July 2017. The practice had portable appliances and had undertaken portable appliance tests (PAT) in June 2017. The fire extinguishers had been serviced in January 2017.

The practice had suitable systems for prescribing medicines. Staff showed us the medicines that were stored securely in a locked cabinet. We saw records which showed that when medicines were dispensed the appropriate information had been recorded. This included the batch number, expiry date and quantity of medicines.

## Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports.

The practice had a radiation protection adviser and had appointed a radiation protection supervisor. We saw records which showed that the X-ray equipment was serviced in March 2017. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. We noted the action

## Are services safe?

plan from the servicing of the X-ray equipment had not been implemented. Following our inspection the principal dentist sent us confirmation the action plan had been implemented.

The practice carried out X-ray audits every year following current guidance and legislation. We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Patients' needs were assessed and care and treatment was delivered in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We saw records which showed the dentist gave preventive advice in line with current guidance.

During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records and we saw evidence of assessments to establish individual patient needs.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given. The principal dentist showed us the hygienist referral pathway the practice had developed including an oral health assessment card.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. Improvements could be made to ensure the practice procedures were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. Following our inspection the practice sent us a risk assessment based on the current guidelines which included undertaking continuing professional development in conscious sedation.

The practice's systems included checks before and after treatment, emergency equipment requirements, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. Improvements could be made to medicines management. Following our inspection the practice sent us confirmation of a log for sedation drugs.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These

included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

A dental nurse with appropriate additional training supported the dentists treating patients under sedation.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking. The practice website had information on tooth brushing, gum disease and smoking cessation.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

### Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, Control of Substances Hazardous to Health and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that staff were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, consent, oral cancer screening, and legal and ethical issues. One of the dental nurses had completed additional qualifications in radiography and another dental nurse in conscious sedation.

# Are services effective?

## (for example, treatment is effective)

The practice had a policy and procedure for staff appraisals to identify training and development needs. We saw evidence of completed appraisals.

### **Working with other services**

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. The principal dentist confirmed patients were referred to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. Staff told us that patients with suspected oral cancer were referred under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to ensure they were dealt with promptly.

### **Consent to care and treatment**

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff confirmed individual treatment options, risks and benefits and costs

were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Dental implants were provided at the practice. The principal dentist showed us dental care records for implant treatment. The practice had a patient information leaflet and consent form on implant treatment. We observed copies of the consent form were retained in the patient's dental care records. The practice also used consent forms for extractions and orthodontic treatment.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The practice had a policy on the Mental Capacity Act 2005 (MCA) and some staff had received formal training. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed 43 CQC comment cards completed by patients in the two weeks prior to our inspection and the practice patient satisfaction survey. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. All staff were required to complete training on confidentiality as a part of the practice's induction programme. Staff explained how

they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised and paper based. The records were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

### Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists told us they used a number of different methods including tooth models, display charts, pictures and X-rays to demonstrate what different treatment options involved so that patients fully understood. The practice website had information on treatments such as fillings, extractions and root canal treatment.

# Are services responsive to people's needs? (for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. Car parking spaces, including for patients with disabled badges, are available near the practice. The practice made reasonable adjustments for patients with disabilities. The practice had treatment rooms located on the ground floor of the premises and was accessible to people using wheelchairs, or those with limited mobility, which included a ramp. The practice did not have an accessible toilet. The principal dentist told us patients were made of the facilities at the practice when an appointment was arranged.

### Access to the service

The practice displayed its opening hours on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

The practice had extended opening hours until 8:00pm two days per week. We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the '111' out of hours service were available for patients' reference.

These contact details were given on the practice answer machine message when the practice was closed.

### Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was available including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the principal dentist and practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice told us they had not received any complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and the Department of Health. These included arrangements to monitor the quality of the service and make improvements. The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments such as fire, Legionella, disability, health and safety.

The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Improvements could be made to ensure all staff members complied with the practice policy on the safe handling of sharps.

The practice manager organised staff meetings to discuss key governance issues and staff training sessions. We saw records of regular staff meetings documenting discussions on infection control, safeguarding, fire safety and emergency treatment.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them

to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the principal dentist as well as other colleagues. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership.

We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

### Learning and improvement

The practice had completed an infection prevention and control audit in May 2017. The practice had not undertaken a radiography audit. Improvements could be made to ensure the practice had quality assurance processes to encourage learning and continuous improvement. The audits should have documented learning points and be analysed so that the resulting improvements can be demonstrated.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice had a procedure for monitoring the quality of the service provided to patients. The practice used surveys to obtain staff and patients' views about the service.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback.