

# Woodbridge Dental Surgery Limited

# Woodbridge Dental Sugery

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 25 February 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**

Woodbridge Dental Surgery is located in the Borough of Suffolk and provides NHS and private dental treatment to both adults and children. The premises are on the ground floor and consist of two treatment rooms, a reception area and a dedicated decontamination room. The practice is open Monday to Friday 9:00am – 5:00pm.

The practice staff consists of four dentists, one dental hygienist, two dental nurses, one trainee dental nurse and a practice manager. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 19 CQC comment cards and 10 NHS Friends and Family test comment cards. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

### **Our key findings were:**

- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.

# Summary of findings

- 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).
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- All clinical staff were not up to date with their continuing professional development in line with requirements from the general dental council.

- The practice had not carried out appraisals to assess the learning and development needs of individual staff members
- The practice had not carried out recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff
- The practice did not have an effective system in place to identify and dispose of out-of-date stock.

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

- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the current Legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. 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. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health, and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

### **Are services caring?**

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

We reviewed 19 CQC comment cards and 10 NHS Friends and Family test comment cards. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

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

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

There were systems in place for patients to make a complaint about the service if required. Patients had access to information about the service. There was a practice leaflet with relevant information for patients such as the type of treatment offered and how to make an appointment. The practice had a website which provided information for patients on different types of treatment.

The practice provided friendly and personalised dental care. 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 available for patients' reference.

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

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

## Summary of findings

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the principal dentist was open to feedback regarding the quality of the care. 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. 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.

# Woodbridge Dental Sugery

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 25 February 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, which included the principal dentist, one associate dentist, two dental nurses and the practice manager. We

conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We reviewed 19 CQC comment cards and 10 NHS Friends and Family test comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There was one reported incident within the last 12 months. We did not see evidence that the practice investigated and reviewed the incident with a view to preventing further occurrences and, ensuring that improvements were made as a result.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, staff we spoke with were uncertain of these requirements. There were no RIDDOR incidents within the last 12 months. The practice had carried out a comprehensive risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated in October 2015.

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

The practice had policies and procedures in place for safeguarding adults and child protection which was updated in June 2015. The policies included information on how to recognise signs of abuse. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The practice safeguarding folder contained copies of the appropriate referral forms to be used to report any concerns as well as guidance from the local safeguarding team. The principal dentist was the safeguarding lead. Staff gave us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that seven members of staff had completed child protection and safeguarding adults training to an appropriate level. We did not see records of safeguarding training for two clinical members of staff. Following our inspection the principal dentist sent us confirmation that staff had completed safeguarding training in November 2015.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, autoclave, eye injury, sharp injuries, manual handling, slip, trips and falls. These policies and protocols were updated in February 2016. The principal dentist told us that the practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However, we did not see records to show that MHRA alerts were disseminated to all members of staff.

### **Medical emergencies**

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Medical oxygen and other related items, such as manual breathing aids and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (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). A portable suction was not available at the practice on the day of our inspection. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation that a portable suction had been ordered.

Records completed showed regular checks were done to ensure the equipment and emergency medicine were safe to use. All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that seven members of staff completed training in emergency resuscitation and basic life support within the past 12 months. We did not see records of training in medical emergencies for two clinical members of staff. Following our inspection the principal dentist sent us confirmation that staff completed training in medical emergencies in November 2015.

### **Staff recruitment**

We reviewed the employment records for nine staff members. The files contained some of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records of references and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The practice carried out Disclosure and Barring

# Are services safe?

Service (DBS) checks for seven members of staff. We did not see records of DBS checks for two clinical members of staff. 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. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation of DBS checks for two members of staff.

The practice had a recruitment policy. However, this was last updated in October 2010 and did not include information on DBS checks and references. We discussed this with the principal dentist. Following our inspection the principal dentist sent us an updated recruitment policy.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had carried out a fire risk assessment in August 2015. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. The practice is located on the ground floor and fire drills had been carried out.

The practice had undertaken a risk assessment of the business and there was a comprehensive business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies. This included loss of telephone service, electricity, gas or water supply. The plan contained information on how to contact patients and staff members in the event of unexpected incidents and emergencies.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The infection control policy had been updated in June 2015. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The principal dentist was the infection control lead.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were placed in an ultrasonic bath prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches following sterilisation. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. However, we noted that one of the treatment rooms contained out-of-date dental materials. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had undertaken out a Legionella risk assessment in July 2015 and there was an action plan in place. However, these actions had not been carried out. For example, we noted that water temperatures were not being monitored as recommended. We discussed this with the principal dentist who provided reassurances that the practice had started monitoring water temperatures following our inspection. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

# Are services safe?

## **Equipment and medicines**

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and X-ray equipment.

The autoclave had been serviced in April 2015 and a pressure vessel check had been carried out in January 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) in October 2014. The oxygen cylinder had been serviced in October 2015. However, we did not see records to show that the ultrasonic bath had been serviced. The principal dentist told us that the ultrasonic bath is replaced annually.

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

The practice had a well maintained radiation protection file. 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. We saw records which show that the X-ray equipment was serviced in January 2016.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we were shown dental care records that confirmed our findings. We saw evidence of assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. The dentists recorded when oral health advice was given.

### Health promotion & prevention

We noted that the practice did not have adequate information for health promotion to give to patients. The practice had a leaflet on gum disease in the treatment rooms. The practice did not have information for health promotion in the reception area. Improvements could be made to ensure patients had access to information for health promotion such as toothbrushing, flossing mouth cancer, caring for children's teeth and smoking cessation.

### Staffing

There was a comprehensive 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 are required to complete the induction programme which included training on health and safety, infection control, safeguarding, radiography and confidentiality. We saw

records that showed the trainee dental nurse was registered on a training course to gain a qualification which could lead to registration with the General Dental Council (GDC).

We reviewed the training records for nine members of staff. Opportunities existed for staff to pursue continuing professional development (CPD). Staff we spoke with confirmed that they had access to opportunities for professional development. However, we did not see evidence that three members of clinical staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We did not see training records in medical emergencies, infection control and safeguarding for two members of staff.

The practice had not carried out appraisals for members of staff to identify training and development needs. We discussed this with the principal dentist. Following our inspection the practice sent us confirmation that appraisals were undertaken.

### Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. The practice had a policy on referrals and this was updated in June 2015. The practice provided specialist services in oral surgery. Referrals were made to other dental specialists when required including orthodontics and periodontology. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. Referrals were monitored to ensure patients had access to treatment they needed within a reasonable amount of time.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

### Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. The practice had a consent policy which

# Are services effective?

(for example, treatment is effective)

was updated in March 2015. 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 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 patients dental care records. The practice carried out dental implants. The principal dentist showed us examples of treatment plans for implant patients. We were shown dental care records which demonstrated that treatment plans were signed by patients. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. While staff did not have formal training on the MCA they demonstrated an understanding of the principles of the Act and how this applied in considering whether or not patients had the capacity to consent to dental treatment. We saw records which showed that the practice reviewed guidance issued by the Department of Health on the MCA in January 2016. This included assessing a patient's capacity to consent and when to make decisions in a patient's best interests.

# Are services caring?

## Our findings

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

We saw records which showed that the practice sought patient's views through the NHS Friends and Family test and patient satisfaction surveys. However, not all the results from the surveys were analysed to drive improvement. For example, one patient commented on waiting times. We did not see evidence that the practice reviewed the patient's feedback in order to improve patient's experience.

We reviewed 19 CQC comment cards. 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. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised and password protected. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The principal dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors

being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

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

The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. The principal dentist showed us leaflets for root canal treatment, crowns, extraction and dentures. These leaflets were available in the treatment rooms. The practice website provided information on treatments such as dental implants, tooth whitening, crowns and veneers. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients we spoke with confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

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.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which was updated in May 2015. The demographics of the practice was 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. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. Staff were aware that translation or interpreting facilities were available if required.

The practice had not carried out a disability risk assessment. The premises were located on the ground floor and had disabled access but did not include facilities such as a disabled toilet.

### Access to the service

We asked the principal dentist 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 on the same day. The practice had a patient leaflet in the reception area outlining type of treatments provided, the practice opening hours and out of hours arrangements.

If patients required an appointment outside of normal opening times they were directed to the local out of hours dental service. These contact details were given on the practice answer machine message when the practice was closed. The out of hours information was also displayed in the reception area of the practice.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

### Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. This included details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. However, this could be improved by including information about the General Dental Council and the Dental Complaints Service. Information about how to make a complaint was not displayed in the reception area providing patients with easy access.

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 received one complaint in the last 12 months and we saw that it was resolved in line with the practice complaints policy. We did not see records which showed that complaints were viewed as a learning opportunity and discussed among staff to improve patient experience in the future.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. Staff were aware of the policies and procedures and acted in line with them.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. For example, we saw that risk assessments had been carried out for clinical waste, manual handling, slip, trips and falls. The practice had carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The principal organised staff meetings to discuss key governance issues and staff training sessions. We saw records for four staff meetings in the last 12 months documenting discussions on infection control, legionella risk assessment and prescribing. Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we reviewed were complete, legible and accurate and stored securely. The practice had computerised dental care records and all computers were password protected.

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

The principal dentist told us they led by example and this was confirmed in conversations we had with staff. Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider 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. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team.

### **Learning and improvement**

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and including infection control, radiography and record keeping. The practice had undertaken an X-ray audit in January 2016, record keeping in March 2015 and infection control in July 2015. However, the infection control audit could be improved by analysing the results and developing the required action plan.

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

The practice gathered feedback from patients on an ongoing basis through the use of the NHS Friend and Family test and patient satisfaction surveys. However, this could be improved by discussing patient feedback in staff meetings and implementing changes where necessary.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.