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Mill Hill Dental Health Centre

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

Mill Hill Dental Health Centre is located in the Borough of Barnet and provides private dental treatment to adults. The premises are on the ground floor and consists of two treatment rooms, a consultation room, a reception area and a dedicated decontamination room. The practice is open Monday and Wednesday 9:00am – 5:30pm and Friday 9:00am – 1:30pm.

The staff consists of one dentist and two dental nurses. The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 six CQC comment cards completed by patients in the two weeks prior to our inspection and the practice patient satisfaction surveys. 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).
- 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.
- 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) 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.

- 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.
- The practice had not carried out a sharps risk assessment.
- Improvements could be made to ensure the practice had 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 recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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 in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. 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 (DOH) 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 patients to ensure they could make informed decisions about any treatment. The practice provided specialist services 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 six CQC comment cards and reviewed the practice patient's satisfaction survey. 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. The practice reviewed patient's comments and acted on them where necessary. Information about how to make a complaint was readily available to patients. Patients had access to information about the service.

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 patients could contact the principal dentist for appointments.

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.

Mill Hill Dental Health Centre

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 three members of staff, the principal dentist, one dental nurse and a trainee dental

nurse. 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.

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 no reported incidents within the last 12 months.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff we spoke with understood the requirements of RIDDOR. 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 February 2016. We saw records which showed that the staff had training on RIDDOR and COSHH on 16 February 2016.

Reliable safety systems and processes (including safeguarding)

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection. 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 policy contained copies of the appropriate referral forms to be used to report any concerns. The principal dentist was the safeguarding lead. We saw records which showed the decision making process to be followed where concerns were identified. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that the principal dentist had completed child protection and safeguarding adults training to an appropriate level in February 2016. The principal dentist provided training to other members of staff members. All members of staff we spoke with gave us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed within the practice.

The practice had undertaken a comprehensive 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 mercury spillage, manual handling, eye injury and display screen. These

policies and protocols were updated in February 2016. The practice had carried out a risk assessment for sedation and reviewed the 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'. For example, we saw records which showed staff had undertaken training in conscious sedation, appropriate patient assessments were carried out and there was adequate monitoring of patients' vital parameters during the procedure.

The practice had a policy for the safe handling of medicines used in sedation. This included recording the medicines received, batch numbers, when the medicines were used and how they were stored. The principal dentist showed us a locked cabinet which was used to store these medicines. The principal dentist told us medicines were transported from this location to the sister practice in Luton. However, the practice had not carried out a risk assessment to assess the risk of transporting medicines from one practice to another. Improvements could be made to maintain a suitable log of the medicines that were transported. We discussed this with the principal dentist. Following our inspection the principal dentist provided reassurances that medicines would no longer be transported between practices and would instead be ordered for each practice. The practice was following guidance from the British Endodontic Society relating to the use of rubber dam. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.]

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen, 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

Are services safe?

heart rhythm). All emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that the practice carried out monthly checks on the emergency drugs and equipment.

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 all members of staff completed training in emergency resuscitation and basic life support. Staff told us they were confident in managing a medical emergency and the practice completed annual training as a team.

Staff recruitment

We reviewed the employment files for all staff members. The files contained the evidence required to satisfy the requirements of relevant legislation 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 Service (DBS) checks for relevant 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).

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 undertaken a fire risk assessment on 16 February 2016. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. The practice maintained a fire safety log book and fire drills were carried out.

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 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.

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 cleaned 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 a waste disposal policy, which was updated on 16 February 2016, and 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. 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 carried out a Legionella risk assessment in October 2014 and there was an action plan in place. 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).

Equipment and medicines

Are services safe?

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 was serviced in August 2015 and a pressure vessel check had been carried out in February 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) in February 2015. We saw records which showed that the dental chair was serviced in February 2015 and this was carried out annually. However, we did not see records of servicing for the ultrasonic bath.

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 on 19 February 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 checked dental care records to confirm 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 principal dentist also recorded when oral health advice was given.

The principal dentist told us that the practice developed protocols based on relevant guidance. We saw examples of protocols for soft tissue examinations, treatment plans, periodontal disease, bridges, dentures and care after implant treatment.

Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the treatment rooms relating to health promotion. This included plaque, tooth decay, gum disease, sensitive teeth, caring for children's teeth and tooth whitening.

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.

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, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. Opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council. We saw evidence that staff had undertaken CPD in sedation on 21 February 2016.

There was a formal appraisal system in place to identify training and development needs. We saw records which showed that staff appraisals were completed on a regular basis.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. The practice monitored the referral process 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.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. The practice had consent forms for procedures such as implants, root canal treatment, tooth whitening, crown and bridge treatment and oral surgery and extraction. 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.

Are services effective?

(for example, treatment is effective)

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 and provided patients with written information on dental implants. We checked dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

The practice also carried out treatment under sedation. We saw records of a consent form for conscious sedation. This included an explanation of the procedure, drugs used, risk and benefits of treatment and aftercare. Staff told us that each sedation patient was given a consent form. Staff told us there was a triage system in place that would allow patients to discuss treatment after consultation before commencing treatment.

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. Though staff had not undertaken formal training on the MCA, 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. We saw records which showed that the practice had a MCA assessment form. Staff told us this assessment would be followed to assess a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw records which show that the practice sought patient's views through a patient satisfaction survey. The principal dentist told us that the practice was in the process of reviewing how it collected feedback from patients. We reviewed six CQC comment cards completed by patients in the two weeks prior to our inspection. 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.

The practice had a protocol of patient confidentiality which included a data protection code of practice. The policy described how patient's confidential information would be stored and disposed. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised. The computers were password protected and dental care records were stored securely and regularly backed up. The practice had procedures for the protection of electronic data. Staff told us patients were able to have confidential discussions about their care and treatment in the one of the treatment rooms or the consultation room.

The dental nurses told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that consultations and

treatment procedures were undertaken 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. The principal dentist told us the practice specialised in treating fearful patients. 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 a range of leaflets including root canal treatment, dentures, root canal treatment, bridges and extractions. These leaflets were available in the treatment room. The practice website provided information on treatments such as sedation, dental implants, tooth whitening, fillings and hygienist treatments. 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.

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. 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. The practice had health education leaflets translated into Polish and Hindi. This included leaflets on tooth decay and gum disease.

The practice had undertaken a disability risk assessment. The practice had disabled access including facilities such as a disabled toilet. Parking was available at the front of the practice.

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 with a dental emergency they were seen on the same day. Staff told us that patients were able to call the principal dentist in the event of an emergency.

The practice had arrangements for patients to be given an appointment outside of normal working hours. The practice provided out of hours appointments in the evening and on the weekend. These contact details were given on the practice answer machine message when the practice was closed.

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. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

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 had not received any complaints in the last 12 months. We saw records which showed that the practice responded to comments from patients and addressed them where possible.

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. These were frequently reviewed and updated. 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, autoclaves and compressor. However, the practice had not carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We discussed this with the principal dentist. Following our inspection the principal dentist sent us confirmation that the sharps risk assessment had been completed.

The principal dentist organised staff meetings to discuss key governance issues and staff training sessions. We saw records for staff meetings in the last 12 months documenting discussions on safeguarding, MCA, sedation and staff training. Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The principal dentist 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, and accurate and stored securely. The principal dentist showed us examples of the conscious sedation records and we noted they contained all the relevant monitoring information.

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 and there was a system of yearly staff appraisals to support staff in carrying out their roles.

Learning and improvement

The practice had carried out audits in infection prevention and control and waste management. The practice had carried out a waste control audit in January 2016. We saw records which showed that an infection control audit was undertaken. However, this was not appropriately dated. We did not see records of an X-ray audit in the last 12 months. Following our inspection the principal dentist sent us confirmation the X-ray audit had been completed.

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 practice patient satisfaction survey. The principal dentist told us that the practice had plans to implement an alternative method of collecting feedback from patients to improve the results.

Staff commented that the principal 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.