Mr. Robert Nichols

Cottingham Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cottingham Dental Practice is a dental service that provides private endodontic, implant treatment and inhalation sedation. The practice is located in Cottingham, in the East Riding of Yorkshire and close to the city of Hull.

The premises have been refurbished to a high standard and there is ground floor level access to the reception area, waiting room, a treatment room and toilet facilities. One the first floor another surgery is situated and a decontamination room, a dental panoramic X-ray room and the staff room.

There are two dentists, two hygiene therapists, a hygienist, two dental nurses, one of which is a trainee and a practice manager.

The practice is open:

Monday, Tuesday and Thursday 08:45 - 13:00 14:00 -17:30

Wednesday 10:00-13:00 – 14:00 -18:30

Friday 08:00 – 15:00

The practice owner 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection we received 45 CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly, respectful, professional and caring and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- Staff had been trained to manage medical emergencies.
- Infection prevention and control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review audits of various aspects of the service, such as radiography, dental care records and sedation are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated. In regard to the sedation audit this should take into consideration the Standards of Conscious Sedation in the provision of Dental Care 2015.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw staff had received training in infection prevention and control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the most recent member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated December 2014. There was evidence of regular water testing in accordance with the assessment and this was due for review in 2015.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE).

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention,

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood.

Comments on the 45 completed CQC comment cards we received included statements saying the staff were excellent, efficient, caring and they were treated with dignity and respect in a clean and tidy environment. Patients we spoke to on the day confirmed this.

Summary of findings

We observed patients being 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.

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had disability access and facilities including a ground floor toilet.

The practice had a complaints process which was accessible to patients who wished to make a complaint. Information about external agencies and who to complain to were not included. Staff recorded complaints and cascaded learning to staff. Patient advice leaflets were available on reception.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations. However there were areas of improvement that should be made.

There was a clearly defined management structure in place. The registered provider was responsible for the day to day running of the practice and also delegated tasks to the lead dental nurse and practice manager.

Staff reported the registered provider was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent.

The practice regularly undertook patient satisfaction surveys.

The practice held monthly staff meetings which were minuted, gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook audits to monitor its performance and help improve the services offered. On the day of the inspection, we noted no audits for sedation had been completed to date. In addition, the dental care records and X-ray audits were not robust enough to comply with the recommended guidelines.

Cottingham Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on the 17 November and was led by a CQC inspector and a specialist advisor.

We informed Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with a dentist who was the registered provider, two dental nurses and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 45 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered provider told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had two entries recorded in the last 12 months. The incidents had been reported and dealt with in line with the practice policy.

The registered provider told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's policy and procedures in place for child protection and safeguarding adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training for adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated the emergency equipment, emergency oxygen, emergency drugs and AED were checked weekly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed four personnel files which confirmed the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable.

Are services safe?

All relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in September 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice manager had reviewed the COSHH folder in September 2015. If any new materials were implemented into the practice, a new risk assessment was put in place.

The registered provider showed us a fire risk assessment completed in December 2014. All equipment had been checked in December 2014. There was evidence fire drills had been undertaken regularly with staff and six monthly when patients were on the premises. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

The room had an extractor fan to aid good air flow to reduce the risk of cross contamination. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure it was functioning properly.

We saw from staff records all staff had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection within the practice in a locked room and then taken outside at the end of the day to a locked bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated December 2015. All recommended water testing including hot and cold temperature checks were being

carried out in accordance to the risk assessment and quarterly dip-slide tests. The registered provider was the lead for testing and reporting any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) was undertaken annually and had been completed in May 2015. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use)

We notedthe fire extinguishers had been checked annually to ensure they were suitable for use if required. We saw the fire extinguishers had been checked in December 2014.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines the practice kept a minimal stock of antibiotics and pain relief tablets which were stored in a secure location with a log to record all medicines.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and in a separate room for dental panoramic X-rays, this machine takes X-rays of the whole mouth and is useful for implants. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed the X-ray machines had been serviced regularly. The registered provider told us they undertook annual quality audits of the X-rays taken. We saw the results of the October 2015 audit however the process was not specific enough to show why an X-ray needed to be retaken or why a X-ray was not adequate to be in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentist told us they discussed patients' lifestyle and behaviour such a smoking and drinking and where appropriate offered them health promotion advice or referred them to the hygienist for more detailed advice. This was recorded in the patients' dental care records.

The dental care records we looked at showed that at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment.

There was evidence patient dental care records had been audited; however the audit proceess did not follow the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in March 2015, an action plan was not in place to address the issues that arose and was not specific to each clinician.

The patient dental care records we looked at found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By looking at the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' care records.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments which were not available at the practice such as orthodontics were referred to a dental specialist. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information which explained the services offered at the practice and the fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had two hygiene therapists and a hygienist to help support this.

The registered provider advised us they offered patients oral health advice and provided indepth preventative advice and treatment.

The dental surgeries had a patient display screen where information or videos about a procedure could be shown to a patient to help them better understand the treatments and preventative advice given; also specific information sheets were available in the surgeries and waiting area to give to patients who required supporting information for any treatments.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manger. Records we looked at showed all staff had received training in immediate life support, infection prevention and control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and training requirements were discussed at these times.

Are services effective?

(for example, treatment is effective)

Staff told us they did not have a good availability to extra members of staff to help cover period of absence, for example because of sickness or holidays. However, some of the hygienists would work alone if the need arose and time would be allocated for processing instruments and writing patients' dental care records.

Working with other services

The dentist explained they would refer patients to other dental specialists when necessary, for example patients for minor oral surgery and orthodontic treatment when required.

The practice accepted referrals from other practices and self-referral for endodontic treatment and implants. We were shown an information pack that would be sent to patients referred to the practice, this included directions and a map, a patient's guide to being referred and a practice leaflet introducing the staff.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The dentist said they had a good line of communication with local services to help efficient and effective treatment for patients.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The dentist demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The registered provider informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. The practice had a separate consultation room where this could be done in a none clinical environment. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in the private consultation room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw patient dental care records were held securely both on paper and a computer and passwords were regularly changed.

We received 45 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be pleasant and efficient and caring and they were treated with dignity and respect.

A screen with a video of a beach was played in the reception area to help relax patient's before and during their appointments. Patient's said this was changed regularly and helped them relax before any treatment commenced.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed they were involved in their care and treatment.

Monitors were in place within the surgeries with extra-oral cameras so all aspects of a patient treatment journey could be explained. Intra-oral pictures could also be taken so the patient could see more easily what was being discussed and options given. Photographs could be printed for patients to take away with them to show them the progress of their treatment and evidence was seen on the day to support this.

Patients' who were referred to the practice from elsewhere where sent an information pack prior to treatment. This included directions, a map, a patient's guide to being referred leaflet and a practice leaflet introducing the staff. A consultation always took place in a non clinical environment to assess a patients' needs and a questionnaire about someone's anxiety levels was given to all patients.

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support staff told us they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times.

The dentist told us that they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice is open:

Monday, Tuesday and Thursday 08:45 - 13:00 14:00 - 17:30

Wednesday 10:00 - 13:00 14:00 – 18:30

Friday 08:00 – 15:00

For patients in need of urgent dental care during normal working hours the practice offered same day appointments, for example those patients in pain. We saw there were slots available for emergency patients every day but if they were full an option for patients to sit and wait was provided or to come at the start of end of a session . Patients commented it was easy to make appointments both generally and if they needed and emergency appointment.

Tackling inequity and promoting equality

One surgery was located on the ground floor of the building and the other was situated on the first floor. There was step free access to the practice from the street however there were two steps to reach the downstairs surgery. Staff provided help and support for anyone who required help to get down the stairs. A back door to the practice which led to the lower level could be used if the need arose.

We saw staff had received equality and diversity training and staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to a local rota was in place to provide care. The answering machine message was updated weekly to reflect who to contact directly.

Concerns & complaints

The practice had a policy and processes to deal with complaints. The policy did not clearly set out how complaints and concerns would be investigated and responded to. We brought this to the attention of the registered provider and this was amended accordingly. We were told they had received no complaints in the last year. There was evidence complaints from previous years had been processed in accordance with policy and in a timely manner. We saw they had been discussed at staff meetings to see if any further changes could be put in place.

The staff were aware of the complaints process and told us they would refer all complaints to the registered provider.

Are services well-led?

Our findings

Governance arrangements

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

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident the practice worked as a team. All staff were aware of whom to raise any issues with and told us the registered provider was responsive to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The registered provider was aware of their responsibility to comply with the duty of candour.

Learning and improvement

The practice maintained records of staff training which showed all staff were up to date with their training. We saw staff had personal files and showed training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The practice undertook audits to monitor its performance and help improve the services offered. On the day of the inspection we noted the patient dental care record audit was not robust enough to comply with the recommendations provided by the Faculty of General Dental Practice. The last audit was undertaken in March 2015 where no action plan was in place to address the issues identified.

The registered provider told us they undertook monthly and annual quality audits of the X-rays taken. We saw the results of the October 2015 audit however the process was not specific enough to show why an X-ray needed to be retaken or why a X-ray was not adequate to be in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

On the day of the inspection we noted no audits had been implemented for sedation treatment, giving due regard to 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.

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

The registered provider explained the practice had a good longstanding relationship with its patients. The practice had patient satisfaction surveys and comment cards available at all times so patients had the opportunity to provide feedback on their experience. The latest results showed patients were extremely likely to recommend the practice to family and friends.

We saw the practice held monthly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily meeting or interactions.