

Dr Sarabjit Rana

# Forest Dental Loughton

## Inspection Report

1A Forest Road  
Loughton  
Essex  
IG10 1DR  
Tel: 020 8502 2625  
Website: [www.forestdental.co.uk](http://www.forestdental.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 7 July 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**

Forest Dental - Loughton is a small dental practice situated in a converted house in Loughton, Essex.

The practice has one treatment room, a waiting room and a reception area. Decontamination takes place in a dedicated area within the treatment room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice has a principal dentist and a trainee dental nurse.

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.

The practice offers general and cosmetic dental treatments to adults and children on a private basis. The practice also has a small number of NHS patients.

The opening hours of the practice are 8am to 4pm Monday, Tuesday and Thursday, between 8am and 1pm on Friday. The practice is closed on Wednesdays.

We left comment cards at the practice for the two weeks preceding the inspection. 39 people provided feedback

# Summary of findings

about the service in this way. All of the comments spoke highly of the dental care and treatment that they received and the professional, attentive and caring attitude of the dentist and trainee dental nurse.

## **Our key findings were:**

- There was an effective complaints system and learning from complaints was used to make improvements where this was required.
- The practice was visibly clean and clutter free and Infection control practices met national guidance.
- There were a number of systems in place to help keep people safe, including safeguarding vulnerable children and adults.
- Dental care and treatments were carried out in line with current legislation and guidelines.
- Patients reported that they were treated with exceptional care and compassion and staff were understanding, polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- The practice provided a flexible appointments system and could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance and regularly checked so that they were fit for use.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service.
- Patient's views were sought and used to make improvements to the service where these were identified.

# 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 provide safe care and treatment and to assess and minimise risks. There were a range of risk assessments in place including fire safety, health and safety and legionella. These were reviewed regularly and appropriate action taken as needed to help keep people safe.

The practice had procedures in place to safeguard children and vulnerable adults. The dentist and trainee dental nurse had undertaken training appropriate to their role, and understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions.

The practice had a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment were stored appropriately, accessible and regularly checked.

The trainee dental nurse had been appropriately recruited, suitably trained and was supported to meet patients' needs.

No action



### 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 good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients were provided with a detailed written treatment plan which detailed the treatments considered and agreed together and the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

The principal dentist was registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities. The trainee dental nurse was supported to meet the requirements of their training towards their professional registration.

No action



# Summary of findings

## Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentist or reception staff. Both members of staff had undertaken training around respecting and promoting equality and diversity.

Each of the four patients we spoke with said that they were treated with respect and kindness by staff. Comments on the 39 completed CQC comment cards we received also reflected patients high levels of satisfaction with how they were treated by staff. Patients indicated that staff treated them with kindness and compassion. They said that staff were understanding, kind and sensitive particularly when patients were experiencing pain or anxiety.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

Comments on the 39 completed CQC comment cards we received included statements by patients saying they were involved in all aspects of their care and found the staff to be professional, polite, considerate and caring.

No action



## 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. Appointments could be booked in person, online or by telephone. The practice operated a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly. Patients we spoke with told us that the dentist offered a flexible service and two patients gave examples of receiving emergency dental treatment within a few hours of contacting the practice.

The practice was open and offers appointments between 8am and 5pm on Mondays, Tuesdays and Thursdays and between 8am and 1pm on Fridays. The practice was closed on Wednesdays and patients were provided with information about accessing emergency dental treatment when the practice was closed.

The practice premises were accessible. Staff had access to language translation services if these were required.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

No action



## Are services well-led?

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

No action



# Summary of findings

The practice team was small consisting of one dentist and a trainee dental nurse. Both confirmed that they worked well as a team and they were clear about their roles and responsibilities to ensure the smooth running of the service. The principal dentist was proactive in keeping up to date with reviews and changes to current guidance and ensuring that these were implemented in the practice.

The practice carried out regular audits to monitor its performance and help improve the services offered. For example, X-ray audits which are mandatory, clinical examinations and patients' dental care records audits were routinely carried out and improvements made as needed.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

The principal dentist ensured that appropriate training was accessible and that learning and development needs of staff was reviewed at appropriate intervals through a process of assessment, appraisal and supervision.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

# Forest Dental Loughton

## Detailed findings

### Background to this inspection

The inspection was carried out on 7 July 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

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

During the inspection we spoke the principal dentist, trainee dental nurse and four patients. We reviewed policies, procedures and other records relating to the management of the service. We reviewed 39 completed Care Quality Commission 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 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 partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentist told us any accident or incidents would be discussed at practice meetings or whenever they arose. We reviewed the practice significant event records, the accident book and the minutes from practice meetings. There had been no incidents in the last 12 months.

The principle dentist was aware of their responsibilities under the duty of candour. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The principal dentist told us that they received alerts by mail 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 reviewed and discussed with staff, action taken as necessary and the alerts were stored for future reference.

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

The practice had child and adult safeguarding policies and procedures in place. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Both members of staff had received safeguarding training in adults and children. Training in safeguarding children and young adults was up to Level 2 and they were able to demonstrate their awareness of the signs and symptoms of abuse and neglect.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in

accordance with the guidance issued by the British Endodontic Society. 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 carried out regular patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The record audits were reviewed regularly and those we saw demonstrated that patient records were maintained in line with the guidance.

The practice had a whistleblowing policy which the trainee dental nurse was aware of. They told us they felt confident they could raise concerns without fear of recriminations.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. Both members of staff undertook regular training updates in 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. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks and portable suction equipment. Both staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines and oxygen were checked daily. We checked the emergency medicines and found that they were of the recommended type and were in date.

### Staff recruitment

The practice had a recruitment policy, which included the 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 the personnel file for the trainee dental nurse which confirmed that the processes had been followed.



## Are services safe?

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

We saw that both members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

### Monitoring health & safety and responding to risks

The practice appropriate policies and procedures and regularly undertook a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and risk assessment to identify and assess risks associated with the practice premises and equipment and which included guidance and manual handling and management of clinical waste.

There was a detailed fire risk assessment and this was reviewed regularly. There were procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was regularly checked and was last tested in October 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 had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

### Infection control

The principal dentist was the infection control lead and there was an infection control policy which was reviewed regularly. Both members of staff undertook annual infection control training including decontamination of dental instruments. We saw that the practice carried out six

monthly infection control audits to test the effectiveness of the infection prevention and control procedures. Both staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly.

The decontamination of dental instruments was carried out in a dedicated area within the dental surgery. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dentist and trainee dental nurse demonstrated that they followed the correct procedures. The designated 'clean and 'dirty' areas within the surgery were clearly identified and both members of staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that 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 they were functioning properly.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery. Both members' staff were aware of and followed these procedures. For example they told us that in event of a needle stick injury they would contact occupational health or the A&E department. Both staff had received inoculations against Hepatitis B. It is recommended that





## Are services safe?

people who are likely to come into contact 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 saw that the sharps bins were being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The most recent legionella risk assessment report carried out in March 2016 identified no concerns. The practice undertook monthly test of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

### Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in March 2016. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclave and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. Other than local anaesthetics and emergency medicines, no medicines were kept at the practice.

### Radiography (X-rays)

The practice had a radiation safety policy.

We reviewed the practice's radiation protection file. There was evidence of the local rules. Local rules state how the X-ray machine in the surgery needs to be operated safely. The local rules were displayed in the surgery. The dentist was up to date with their continuing professional development training in respect of dental radiography.

The practice regularly audited their X-rays. The records we reviewed showed that X-rays were justified or graded in accordance with the guidelines. The January 2016 audit showed that quality grading of X-rays was well within the National Radiological Protection Board (NRPB) guidelines.



# 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 in the patient's electronic dental care records for future reference. In addition, the dentist told us they discussed patients' life styles and behaviours such as smoking and alcohol consumption and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. We saw from the dental care records we looked at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The records showed routine dental examinations including checks for gum disease and malignancies had taken place.

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. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. 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.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice 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 that explained the services offered at the practice. This information was also available on the practice website. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgery.

The dentist advised us they provided advice in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

### Staffing

The dentist was currently registered with their professional body and the trainee dental nurse was being supported to work towards their professional registration. Both provided documents which showed that they were maintaining 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.

Both the dentist and trainee dental nurse told us that they worked well as a team. There were ongoing training and development opportunities available and the nurse was supported and undertook an annual appraisal of their performance from which areas for personal development were identified and planned for. Records showed that both staff had undertaken training in areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety, equality and diversity, Mental Capacity Act 2015 and information governance.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

### Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and



## Are services effective? (for example, treatment is effective)

treatment. These procedures were in line with current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Both staff had received MCA training and this was updated each year. They understood their responsibilities in relation to this.

The dentist described how they would obtain consent from patients who they thought would experience difficulty in understanding their treatment and / or consenting to this. The process described was consistent with the provisions of the MCA. They could also demonstrate that they were

aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children. Regular audits were carried out to ensure that patient consent was obtained and recorded appropriately.

Staff ensured patients gave their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.



## 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 confidentially they would speak to them in a private room.

Staff understood the need to maintain patients' confidentiality. The dentist was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely.

Comments made by patients we spoke with on the day and on the 39 completed CQC comment cards were very complimentary about the service received. People told us that the dentist and nurse were particularly kind and respectful. They said that the dentist was caring and gentle particularly when treating patients who were experiencing anxiety or dental pain.

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

Each of the four patients we spoke with said that the dentist involved them in making decisions about their dental care and treatment. Patients told us that the dentist explained their treatments in a way that they could understand. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Comments made by patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

The dentist demonstrated that they understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and 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 waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice was open and offers appointments between 8 am and 5 pm on Mondays, Tuesdays and Thursdays and between 8 am and 1 pm on Fridays. The practice was closed on Wednesdays and patients were provided with information about accessing emergency dental treatment when the practice was closed.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dental practice was located on ground floor of a purpose adapted building. The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery.

We saw that the practice had equality and diversity policy and staff demonstrated that they understood this and adhered to this. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice staff told us that they had access to a translation service for patients whose first language was not English.

### Access to the service

Patients who we spoke with told us that they could always get an appointment that was convenient to them. They said that they had always been able to access an appointment on the same day if they needed urgent treatment. Patients who completed CQC comment cards also said that could access the service in a timely way. The dentist told us that priority would be given to patients who required urgent dental treatment.

Staff and patients told us that appointments generally ran to time and that they did not have to wait too long to be seen. The dentist told us that they advised patients if they were running behind time and often telephoned patients in advance should this occur.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hour's dental service for treatment.

### Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns.

Information which described how patients could raise complaints was displayed in the waiting and in the practice patient leaflet. Patients could also raise concerns via the practice website. The dentist was responsible for investigating and responding to complaints.

Records we viewed showed that these complaints were processed in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code were sent to patients within three days of receipt of complaints. A full response and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.



## 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, health and safety policy and an infection prevention and control policy. The policies and procedures were accessible and reviewed regularly to reflect the day to day running of the practice.

We found the practice had audits of various aspects of the service such as X-ray audits in accordance with the guidelines and patient records audits.

The systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users were effective. Audits we looked at identified no concerns and demonstrated that potential risks to patients and staff were identified and measures were in place to minimise these.

#### Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. The dentist and trainee dental nurse told us that they enjoyed working together, that they worked well as a team and supported each other. Both confirmed that they enjoyed a good working relationship with clear roles and responsibilities.

The dentist demonstrated that they understood and discharged their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

#### Learning and improvement

The dentist and the dental nurse maintained their own training records. They were up to date with their mandatory training. The practice had a process to review the training, learning and development needs of staff. We saw that regular staff meetings were held where any areas for improvement arising from complaints, audits and monitoring or changes to legislation or guidance were discussed and acted on to improve the services.

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

The practice carried out regular patient satisfaction surveys and used these to identify areas for improvement. We also saw the results of the most recent survey in 2016. These showed that patients were very satisfied with the care and services they received. We also saw that where patients made comments or suggestions for improvement that these were acted on. Improvements made as a result of patient's comments included the provision of additional appointments for children and offering early morning appointments from 8am.

Both members of staff told us they had the opportunity to share information and discuss any concerns or issues during their daily interactions and regular staff meetings.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.