

## Donovan's Dental Practice Limited

# Donovan's Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 09 March 2017 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**

Donovan's Dental Practice is located in the town of Petworth. The practice provides private dental and a small amount of NHS treatment to both adults and children.

The premises are on the ground, first and second floor and building works are currently underway to convert loft space into a clinical space.

The practice consists of three treatment rooms, a reception and patient waiting area and a decontamination room. The practice is open on Monday to Thursday from 9am to 5.30pm and Friday from 8am to 4.30pm. The staff consists of the principal dentist, two associate dentists, one dental hygienist, three qualified dental nurses, one trainee nurse, two receptionists and a practice manager who is also a qualified dental nurse.

The practice manager is registered with the Care Quality Commission (CQC) as an individual 'registered person'. 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 48 CQC comment cards. Patients were very positive about the service. They were complimentary about the friendly and helpful attitude of the staff who they said provided excellent care.

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

# Summary of findings

## Our key findings were:

- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- There was a process in place for the reporting of untoward incidents that occurred in the practice
- The dental care records we saw showed that dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines, though improvements were needed to ensure suitable documentation of consent and discussions with patients.
- The practice had all emergency medicines and most equipment in line with the British National Formulary (BNF) guidance for medical emergencies in dental practices and the Resuscitation Council (UK) guidelines.
- The practice had safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Improvements could be made to the decontamination procedures to ensure that national guidance for infection prevention control in dental practices (HTM 01 05 guidelines) were followed.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.
- There were good governance arrangements, though some improvements could be made to ensure policies were regularly reviewed and updated and necessary risk assessments completed.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Review the practice's infection control procedures and protocols in accordance with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the use of audits to help monitor and improve the quality of service. The practice should also check that where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's systems for reviewing and updating its risk assessments, policies and procedures with respect to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); Health and Safety Risk Assessments.
- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

# 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.

Staff were aware of how to report a serious incident and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had most necessary equipment for dealing with a medical emergency as set out in the Resuscitation Council UK guidelines. All medicines to deal with a medical emergency were available.

The practice had a recruitment policy and was following most of the necessary checks such as Disclosure and Barring Service (DBS) checks.

New staff received an induction and most staff were up to date with their Continuing Professional Development (CPD) training in line with the requirements of their professional registration.

Improvements could be made to the decontamination procedures to ensure that national guidance for infection prevention control in dental practices (HTM 01 05 guidelines) were followed.

All X-ray equipment had been maintained appropriately, the radiation protection file was in line with the Ionising Radiation Regulations 1999 (IRR 1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). An audit of the quality of X-ray photographs had recently been undertaken.

No action



### 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) and National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health appropriately and gave preventative care and advice as per the 'Delivering Better Oral Health' Toolkit.

There was evidence that patient medical histories were updated and patients were informed of their treatment options. The practice referred patients to other providers as necessary and followed up on the outcomes of referrals made appropriately.

No action



### Are services caring?

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

We reviewed 48 CQC comment cards and the NHS Friends and Family test and the practice comments book. Patients were very positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

No action



# Summary of findings

We observed that patients' privacy and confidentiality were maintained. We observed staff interactions with patients and found them to be polite, friendly and kind.

## **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. Complaints were dealt with appropriately.

Patients had access to emergency appointments, which were available on the same day. Patients had access to information about the service via the practice website and practice information booklet. The practice provided friendly and personalised dental care.

**No action**



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

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

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 practice manager. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had some clinical governance and risk management structures in place but these required review. For example, policies required updating and risk assessments were incomplete.

**No action**



# Donovan's 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 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 09 March 2017. 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 eight members of staff, which included the principal dentist, an associate dentist, a dental hygienist, two dental nurses, a trainee dental nurse, one receptionist

and the practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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 although there was no formal policy in place to support this. We were sent evidence following the inspection that the practice had introduced a policy and had ensured that staff had read and understood the policy underpinning the procedures they would carry out. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There was one reported accident within the last 12 months. We saw records which showed that the accident was dealt with appropriately and outcomes shared with staff.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

All staff we spoke with understood the requirements of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) though improvements could be made to ensure staff had access to a policy to underpin the regulations.

The practice had not carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Following the inspection we were sent evidence that this had been carried out and the practice COSHH file was up to date.

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

The practice had a policy as well as a flow chart documenting the procedures to undertake for safeguarding adults and child protection. The details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details were also available.

The principal dentist was the safeguarding lead. All members of staff we spoke with were able to give us

examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that most staff had completed child protection and safeguarding adults training to an appropriate level. Where staff were not up to date we were sent evidence following the inspection with proof of them having completed the necessary training.

The practice had a health and safety policy which however needed to be updated. We also noted that the necessary risk assessments needed to be completed.

Following the inspection we were sent an updated policy and also evidence that all necessary risk assessments, for example, for fire, sharp injuries, eye injuries, manual handling, electrical faults and slips, trips and falls had been completed.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (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 rare 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 and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Improvements could however be made to ensure a system was in place to check that all emergency equipment was in-date and in functioning order. The practice also did not have any pads suitable for children. The provider acted promptly and we were sent evidence following the inspection that pads had been ordered and a log had been implemented.

# Are services safe?

All emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency.

We saw evidence that most staff had completed training in emergency resuscitation and basic life support. We did not see evidence of up-to-date training for one clinical member of staff. Following our inspection the practice sent us confirmation of their training in medical emergencies.

## Staff recruitment

We reviewed the recruitment records for all staff members. The records contained most of the evidence required to satisfy the requirements of relevant legislation, for example evidence of professional registration with the General Dental Council (where required) was seen. The practice carried out Disclosure and Barring Service (DBS) checks for all 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]. Though on the day of the inspection the provider could not demonstrate immunisation status for all members of staff with respect to Hepatitis B, we were sent this information following the inspection.

The practice recruitment policy needed to be updated to ensure it detailed the necessary checks that should be undertaken by the practice in recruiting new members of staff in line with current legislation.

## 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 in March 2016. All necessary actions had been completed. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

We were told the dental hygienists normally worked without chairside support but support was available when requested. We drew to the attention of the provider the advice given in the General Dental Council's Standards (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting.

The practice had undertaken a risk assessment of the business. We were told that the practice had a reciprocal agreement with local practices.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and alerts from other agencies. The principal dentist told us alerts were received and reviewed and disseminated by them to the staff, where appropriate.

## Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy, which included decontamination of dental instruments and hand hygiene. Staff had received training in infection prevention and control; though updates were needed for them.

We were though sent evidence that this had been completed following the inspection.

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 observed that improvements could be made to some of the processes to ensure they were in accordance with the guidelines set out in HTM 01 05. Hand pieces were manually scrubbed under running water. According to the guidelines these should be fully immersed in order to minimise aerosol risk. A bur brush was used to clean instruments which is not advised as it can cause surface abrasion to the instrument and is not single use.

We observed that most instruments were bagged and stored in accordance with the guidelines set out in HTM 01 05. We did note that there was no system in place to



# Are services safe?

validate the sterility or time and date of sterilisation for those instruments not stored in sterilisation pouches or when they should be reprocessed. We pointed out this to the provider.

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

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

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had undertaken a Legionella risk assessment in March 2016. As this had been completed very recently we were unable to see the report. A copy of this as well as the action plan was sent to us after the inspection. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

An infection prevention audit had been completed in November 2016 although improvements could be made to ensure, where applicable learning points were documented and shared with staff.

## **Equipment and medicines**

There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in November 2016. The ultrasonic bath was due to be serviced in February 2017 and we were told that this was being organised. The practice had portable appliances and had carried out portable appliance tests (PAT) in November 2016. The fire extinguishers had been checked in July 2016.

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

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

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was serviced within the last 12 months.

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



# 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). We saw records which showed the dentist gave preventive advice in line with current guidance. The 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 although these were not always recorded comprehensively. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken, though some improvements could be made to ensure the basic periodontal examination (BPE) tool was more widely used. [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].

### Health promotion & prevention

We saw evidence in patients' dental care records that preventative care and advice was given to patients as per the Delivering Better Oral Health Toolkit. This is an evidence based toolkit used by dental teams for the prevention of dental disease in primary and secondary care settings.

The practice sold a range of dental hygiene products to assist patients in maintaining healthy teeth and gums although patient information leaflets were available to underpin this.

Dentists referred patients to the dental hygienist as appropriate.

### Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on infection control, and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that most staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, consent, information governance, record keeping. Improvements could be made to ensure a system was in place to monitor and track staff training needs.

We were sent evidence following the inspection that such a system had been implemented.

The practice had a policy and procedure for staff appraisals to identify training and development needs. We saw records which showed staff appraisals were completed annually.

### Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. 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.

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.

### Consent to care and treatment

The practice was working to ensure that valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. Patients would be given time to consider the information given before making a decision. The practice requested patients to sign treatment plans and a copy was kept in the patient's dental care records.

We checked dental care records and noted that improvements could be made to ensure that the options, risk and benefits of the treatment that were discussed with patients were suitably recorded. Similarly we were told and noted that consent was obtained verbally but not always recorded.

# Are services effective?

(for example, treatment is effective)

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. The practice had a policy on the MCA although this was out of date and some staff had received formal training. All staff we spoke

with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

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

We saw records which showed that the practice sought patients' views through the NHS Friends and Family test, the practice comments book and a patient satisfaction survey.

We reviewed 48 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. Patients also commented that they were listened to and treated with dignity and respect.

During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

The practice had a policy on confidentiality which detailed how a patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential.

Patients' dental care records were computerised as well as paper based. The computers were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room 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. The practice also told us that they recognised the fear associated with dental appointments for some patients and would provide reassurance at every opportunity.

Comment cards completed by patients reflected that the dentists and staff were polite, attentive and accommodating. Patients commented that staff always listened to them and put them at ease.

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

The dentist told us that a treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentist 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. All costs were explained thoroughly and in a transparent manner. Information on fees was available for patients in the waiting area.

# 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. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. One of the treatment rooms was located on the ground floor of the premises. The practice was accessible to people using wheelchairs, or those with limited mobility and a wheelchair accessible toilet was available.

The practice had been completing domiciliary visits to nearby care homes. Improvements could be made to ensure that an emergency medical kit was carried along with when making these visits. We brought this to the attention of the provider who told us that they would cease doing domiciliary visits.

### Access to the service

Staff told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment.

In the event of a dental emergency outside of normal opening hours a group of local dentists worked on a rota basis providing emergency cover. These contact details were given on the practice answer machine message when the practice was closed.

The practice had a patient information leaflet which included details of how to make an appointment and out of hour's arrangements. 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 code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice had received no complaints in the last 12 months.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements in place. There were relevant policies and procedures although some improvements were required to ensure policies were reviewed regularly and were in date. We were sent evidence after the inspection that the practice had reviewed and updated policies where necessary and staff were made aware of updates.

The practice had implemented some arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits, though again some improvements could be made to ensure various risks had been identified and mitigated.

We were sent evidence that this had been completed following the inspection.

The practice manager had organised staff meetings to discuss key practice issues and staff training sessions. We saw records of regular staff meetings in the last 12 months. Meeting minutes were thorough and revisited actions from previous meetings.

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we checked were mostly complete. All were legible and stored securely. The practice had computerised and paper based dental care records. All computers were password protected and records were stored appropriately.

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

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

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be caring, a cohesive team and were supported in carrying out their roles.

### **Learning and improvement**

The practice had completed necessary audits. Staff showed us audits in infection control and radiography which had been completed within the last year although improvements could be made to ensure, where applicable learning points were documented and shared with staff.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's responses through the NHS Friends and Family test, a comments book and a patient satisfaction survey that had been completed in 2015. The practice was due to carry out another survey.

Staff commented that the principal dentist and practice manager were 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.