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# Chorleywood Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 June 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**

Chorleywood dental practice is a general dental practice situated in a converted house in the town of Chorleywood in Hertfordshire. They provide treatment for adults and children either through the NHS or funded privately.

CQC inspected the practice on 15 December 2014 and asked the provider to make improvements regarding cleanliness and infection control. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The practice is open from 8.30 am to 5.30 pm on Monday, Wednesday, Thursday and Friday, and from 8.30 am to 6 pm on a Tuesday.

For advice or treatment outside normal working hours patients are directed by an answerphone message to contact the principal dentist directly on his mobile phone, or to contact the NHS 111 service.

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.

# Summary of findings

We received feedback from patients who use the practice in the form of comment cards that were made available at the practice before our inspection. 12 patients provided feedback in this way and reported a wholly positive experience at the practice.

## **Our key findings were:**

- The practice was visibly clean and clutter free.
- Patients reported that they were seen promptly and treated with care and consideration.
- Infection control standards met national guidance.
- The practice was in the process of overhauling the governance procedures and although not yet completed, significant improvements had already been made.
- Staff demonstrated good awareness of how confidentiality is maintained in the dental practice.
- Dentists followed national guidance in the care and treatment of patients.
- The practice carried medicines and equipment for use in medical emergencies. Although some equipment recommended by the Resuscitation Council UK was missing, this was purchased immediately following the inspection.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the policy for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the availability of an interpreter service for patients who do not speak English as their first language, and a hearing loop to assist patients with hearing aids.

# 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.

Infection control procedures in the practice met the standards set out in 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

The practice carried emergency medicines in line with guidance from the British National Formulary.

The practice had completed risk assessments to assess and mitigate the risks in health and safety to patients, visitors and staff to the practice, however the practice completed internal risk assessments pertaining to the risk of Legionella. An assessment by an external specialist was completed shortly following the inspection.

No action



### **Are services effective?**

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

The practice used national guidelines in the care and treatment of patients.

Patients were referred to other services if their treatment could not be carried out at the practice. The practice kept a log of referrals to ensure they were received in a timely manner.

Staff had a good understanding of the situations when a child (under the age of 16) may be capable of granting consent for themselves.

No action



### **Are services caring?**

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

Comments from patients that we received through the comment box indicated that patients were wholly pleased with the service they received and felt they were treated in a kind and friendly manner.

Staff were able to explain the practice's procedures for maintaining patient confidentiality.

No action



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

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

Complaints to the practice were dealt with in line with the practice policy.

Emergency appointments were put aside each day, and patients in pain could mostly expect to be seen on the same day.

Patients were able to access appointments at the practice outside 'normal' working hours.

No action



# Summary of findings

## Are services well-led?

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

The practice was in the process of overhauling the governance arrangements, and good foundations had been laid to build upon.

The practice had staff meetings at least once a month where training topics were discussed to ensure that all staff remained up to date with any changes.

The practice had completed a detailed patient satisfaction survey and was using the results to continually improve the service.

No action



# Chorleywood 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 28 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with the principal dentist, the associate dentist, a dental nurse and a receptionist. We reviewed policies, procedures and other documents. We received feedback from 12 patients about the dental service.

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 a number of systems in place to report, investigate and learn from incidents. Recently a new system had been implemented to bring these together into one protocol of significant incident reporting.

The new policy was dated 23 December 2015 and included a template for investigating incidents which highlighted recommendations to reduce the risk of reoccurrence. The policy indicated the practice's expectation of candour in investigating and resolving incidents. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There had not been an incident reported using the new system for us to see this process in action.

Prior to the new system the practice recorded injuries in an accident book, this recorded the details of the incident, but did not evidence any investigation or feedback to staff.

The practice had another system to record equipment failures, these included information on actions taken, and contingency planning if the piece of equipment was out of use for a period of time.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) by email. These were reviewed by the principal dentist, and any relevant alerts were disseminated to staff at the practice meetings.

The practice were aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They had information available which detailed how to make a report and in what circumstances a report should be made. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

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

The practice had systems and policies in place regarding safeguarding vulnerable adults and child protection. A new policy had been implemented in November 2015 which highlighted the types of abuse which may be seen and what actions to take should a member of staff feel concerned. Most staff had undertaken safeguarding training and all the staff we spoke with were able to detail how they would respond to a concern.

The practice had a designated safeguarding lead from whom advice could be sought. Following our inspection the practice took steps to ensure that all staff were up to date with safeguarding training. The practice also placed a new poster in a prominent position with contact numbers from which staff could get advice regarding safeguarding if it was required.

The practice had an up to date employers' liability insurance certificate which was due for renewal in June 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy in place. Dentists took sole responsibility for disposing of sharps at the point of use; this reduces the risk of injury to other staff. Each treatment room displayed the instructions of how to deal with a sharps injury, which included directing staff to the accident and emergency department for further advice or treatment.

Handling sharps, and dealing with sharps injuries was discussed as a training point at a practice meeting in May 2016. In this way the practice could be assured that all staff were aware of the protocols.

We asked the clinicians about measures taken to reduce the risks involved in performing root canal treatment. The British Endodontic Society recommends the use of rubber dam for root canal treatment (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We found that the use of rubber dam was not routine for all clinicians, and although some clinicians were able to describe the ways in which they would mitigate the risks if a rubber dam was not able to be used, other clinicians were less sure.

### Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored

# Are services safe?

together and all staff we spoke with were aware how to access them. Emergency medicines were in date, and in line with those recommended by the British National Formulary. There was a robust system in place to check the medicines and recognise when they may need to be replaced before they reached their expiry date.

Although the practice carried adrenaline, in the form of a pre-filled syringe, it was only enough to administer one dose. The British National Formulary states that in the event of a severe allergic reaction adrenaline may need to be administered multiple times. Following our inspection we have received evidence that more adrenaline was ordered to cover such an eventuality.

The practice carried equipment for use in a medical emergency in line with the recommendations of the Resuscitation Council UK, with the exception of a full range of sizes of oro-pharyngeal airways (which would support the airway of an unconscious or semi-conscious patient) and 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. The missing items were purchased immediately following the inspection.

All staff had undertaken basic life support training, although not always within the last year. The practice had addressed this and had booked a session of training with an external trainer visiting the practice in July 2016.

## **Staff recruitment**

We looked at the staff recruitment files for seven staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). 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.

The recruitment policy dated November 2015 indicated that all clinical staff should have a DBS check, for non-clinical staff the policy indicated that a DBS check would be at the discretion of the principal dentist. We found that although the dentists all had a DBS check in place, the dental nurses, receptionists and dental hygienist did not. We saw evidence that these checks had been applied for and the principal dentist described how the risk was mitigated in the absence of these checks for example: by staff not working unsupervised.

Following the inspection formal risk assessments were put in place for all staff that did not have a DBS check.

References were not always available for individual members of staff; the practice principal described getting verbal references for staff, but did not always make a written record of this.

Some contracts and identification documents were not held on site and were provided after the inspection.

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

The practice had a health and safety policy dated 30 November 2015. This covered an array of health and safety areas to consider including moving and handling, personal protective equipment, waste disposal and mercury spillage. The practice had also carried out a general health and safety self-assessment that included a risk assessment in September 2015. This had highlighted as an action that resuscitation training should be arranged for staff. This had been put into place for July 2016.

A fire risk assessment had been carried out. Staff we spoke with were able to describe how they would respond in the event of a fire and point out the external muster point following evacuation. The patient information file that was available in the waiting area for patients and visitors to look though also detailed the practice evacuation plan.

The practice had measures in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Practices are required to keep a detailed record of all the substances at use in the practice which may pose a risk to health. The practice kept two files of this information which were relevant and up to date.

## **Infection control**

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.'

# Are services safe?

published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place; this was dated 30 November 2015 and covered topics including manual cleaning, sterilisation, daily testing, blood spillages and management of the dental unit water lines.

We observed a dental nurse carrying out the decontamination process. Instruments were manually cleaned or cleaned in an ultrasonic bath which cleans by passing ultrasound waves through a liquid. After cleaning instruments were inspected under an illuminated magnifier before sterilising.

Instruments were sterilised in an autoclave before being placed in pouches and dated with a use by date. The process was checked daily and logged to ensure it remained effective. These tests were in line with the recommendations of HTM 01-05.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice was visibly clean, tidy and clutter free. We inspected the clinical areas and found that the drawers were organised, clean and stored instruments were in date.

The practice had contracts in place for the safe disposal of hazardous waste. Clinical waste was stored in a locked and secure bin prior to removal.

Environmental cleaning at the practice was carried out daily by the practice staff. The practice complied with the national guidance for colour coding cleaning equipment to ensure that equipment used for cleaning clinical areas was separate from that used for the toilets.

Legionella is a bacterium found in the environment which can contaminate water systems in buildings. Practices are required to assess the risk of legionella in their premises and take appropriate steps to minimise that risk.

HTM 01-05 stipulates that a risk assessment for Legionella should be carried out by a competent person and a written scheme for controlling the identified risks is written by an

experienced and competent person. Although the practice had a risk assessment, it had been carried out internally and lacked the detail required. We raised this with the principal dentist who arranged for this to be completed shortly following the inspection.

## **Equipment and medicines**

The practice had a full range of equipment to carry out the services they offered.

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Autoclaves had been serviced and servicing and testing of the compressor had been arranged as the principal dentist was aware that it was out of date. Arrangements had been made to address this, and it was completed shortly following the inspection.

The X-ray units had been serviced in October 2014 which was within the recommended three year interval. Fire extinguishers had been serviced in April 2016. Portable appliance testing had been carried out on all electrical equipment in October 2015.

Glucagon is an emergency medicine used to treat diabetics. This was being kept in the fridge, but the temperature of the fridge was not being monitored. The practice took immediate steps to store the medicine appropriately and account for the fact that the fridge temperature could not be assured.

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

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

All treatment rooms displayed the 'local rules' of the X-ray machine on the wall. These detailed the specifics of each machine as well as the responsible persons to contact.

The practice had a radiation protection file which detailed the responsible persons regarding X-ray safety. Records in the file indicated that X-ray equipment had been serviced and tested in line with published guidance (Ionising Radiation Regulations 1999) and manufacturer's instructions. A risk assessment regarding taking X-rays was also in place.

Evidence was seen that staff were up to date with required training in radiography as detailed by IR(ME)R.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients this was then checked and re-signed every six months. The importance of this was discussed at a staff meeting in May 2016. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Dentists used national guidance in the care and treatment of patients, and X-rays were taken in line with the guidance from the Faculty General Dental Practitioners.

X-rays were graded for quality after processing, but the clinicians did not always make a record of the justification to take the X-ray in the patients' dental care record in line with IR(ME)R.

### Health promotion & prevention

The practice demonstrated a commitment to health promotion. A policy entitled 'Prevention and Public Health' dated November 2015 was available for staff to reference and highlighted areas to consider for every patient. This included giving smoking cessation advice and arranging a referral to a smoking cessation service with the consent of the patient.

Oral hygiene and dietary advice was given to patients and a record of this was seen in the dental care records.

The practice followed the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' were being applied when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Although some clinicians had a better understanding of the document than others.

The dental hygienist at the practice regularly visited India with a charity to promote oral health.

### Staffing

The practice was staffed by four dentists and a dental hygienist supported by two qualified dental nurses (one of whom was the practice manager), two trainee dental nurses and two receptionists.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the GDC. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

### Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

The practice had a policy in place regarding referrals dated November 2015. This highlighted the relevant information that should be placed on a referral, and also stated that patients should be offered a copy of the referral letter for their records.

Referrals made for suspicious pathology, such as oral cancer, were faxed to the hospital to ensure they were received and actioned in a timely manner.

The practice made a written log of all referrals from the practice which detailed a timescale by which the clinician would expect that an appointment was received by the patient. A phone call from the practice at the allotted time would confirm with the patient whether they had received a referral, and if not, the practice would follow it up.

The method of following up referrals to ensure appointments had been given was discussed at the practice meeting in May 2016 to ensure all staff understood the process, and its importance.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

We spoke with clinicians regarding how they obtained full, valid and educated consent for treatment. Dentists explained that they used diagrams and visual aids in their discussions with patients. They would discuss all the options available, as well as the risks, benefits and cost implications of each option.

Patients were presented with a treatment plan detailing their choices which they signed to indicate consent.

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. Staff

demonstrated an understanding 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, understanding that capacity should be assumed even if the patient has a condition which might affect their mental capacity, and when it might be necessary to make decisions in a patient's best interests.

Staff we spoke with had a good understanding of the situation which a child under the age of 16 could legally consent for themselves. This is termed Gillick competence and relies on the assessment of a child's understanding of the procedure and the consequences of having/not having the treatment.

# Are services caring?

## Our findings

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

We observed patients to the practice being treated in a friendly and kind manner. Information from patients that we received through patient comment cards indicated that patients felt they were treated with great care and respect. The found reception staff to be polite and accommodating.

Staff we spoke with explained how patients' confidentiality was maintained in the practice and demonstrated good awareness of the issues.

The reception area was in a separate room, although connected, to the waiting room. There was music playing in the reception area, this ensured that a patient at the desk would not be overheard by patients in the waiting room.

Computerised records were password protected and any paper records were kept out of sight of patients behind the reception desk. This was underpinned by practice policies in confidentiality and information governance.

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

Staff had recent training in a practice meeting on allowing patients all the time they needed to make a decision and supporting them to make the decision. We saw that although discussions with patients were often detailed in the dental care records, occasionally they were not.

As part of the patient satisfaction survey in May 2016 patients were asked whether explanations were given to them regarding treatment, and whether they granted consent for treatment.

NHS or private treatment plans were given to each patient who outlined the costs involved in treatment. Price lists for NHS and private treatment were displayed in the reception area and in the patient information file in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

Several patients commented that they were always seen promptly at the practice, and did not have to wait long.

A patient information file was available for patients to peruse in the waiting area, this included information on fees and some key policies for example: complaints handling and data protection.

### Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs. This was underpinned by equality training that staff had received in practice meeting on 13 April 2016, and a diversity, respect and fair access policy which was dated November 2015.

The practice afforded wheelchair access to one of the treatment rooms, but not to the toilet. A disability discrimination audit was completed in 2014. Staff described how they would assist patients with limited mobility accessing the practice.

We asked how the practice supported patients for whom English was not their first language. Although they did not have access to an interpreting service we were told that many of the staff were multi-lingual and could provide assistance in these areas.

The practice did not have a hearing loop to assist those patients that use hearing aids. The principal dentist said he would look into arranging this.

### Access to the service

The practice was open from 8.30 am to 5.30 pm on Monday, Wednesday, Thursday and Friday, and from 8.30 am to 6 pm on a Tuesday. The practice was open on a Saturday morning once or twice a month. This afforded the opportunity for patients who had commitments during normal working hours to attend the practice at a time that suited them.

Emergency appointments were set aside daily for each clinician, and patients telephoning in pain were mostly seen on the day they contacted the service.

Outside normal surgery hours patients were directed by the answerphone to contact the principal dentist on his mobile phone, or to contact the NHS 111 service.

### Concerns & complaints

The practice had a complaints policy in place this was dated 23 December 2015 and was available for patients to reference in the patient information file. This gave details of the practice's procedures in handling complaints and gave to contact details for patients to escalate a complaint beyond the practice if they remained dissatisfied.

We saw record that had been kept of complaints received in the last year. All of the complaints had been made verbally and had been documented on a template specifically for this purpose. The records indicated that a duty of candour had been adhered to in the investigation and outcome of the complaints.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had in place a principal dentist and a practice manager and clear lines of responsibility and accountability lay between them.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. The practice had begun a process of overhauling the governance procedures and policies in the months preceding our visit. Although this was still a work in progress it was obvious that the practice had a clear vision and had put good foundations in place to build upon.

In addition risk assessments were in place to minimise risks to staff, patients and visitors to the practice including sharps, fire safety, and control of substances hazardous to health.

### Leadership, openness and transparency

Staff reported an open and honest culture where they felt supported to raise concerns. Communication across the team was constant and easy, and the management team were approachable and supported their staff.

The practice had a whistleblowing policy in place which was dated 25 June 2016. It pointed staff who wished to raise a concern to address it with the practice manager or an external agency such as the CQC or the General Dental Council.

We saw records of three monthly communication meetings between the practice manager and principal dentist (who was the registered manager). These detailed all aspects of the day to day running of the practice, gave an opportunity to feedback the results of audits that had been completed, customer feedback by way of complaints or compliments. This allowed the principal dentist to maintain oversight of all the clinical and non-clinical aspects of running a dental practice.

### Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

The practice had staff meetings at least every month and used them to cover a wide range of training topics. These included complaints, medical histories, and revision in how to use the oxygen, equality training and consent in the six months preceding our visit.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that most clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice had implemented a programme of staff appraisals. We spoke to staff that had received their appraisal, they found it a positive experience which highlighted their individual training needs and afforded them an opportunity to discuss their career progression.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals most recently on 7 February 2016. This highlighted a couple of minor areas where improvements could be made.

A record keeping audit carried out towards the end of 2015 highlighted failings in the detail kept in clinical records. The practice principal had addressed this with the staff and a re-audit was planned to confirm improvement had been made.

A radiograph audit from 2016 highlighted showed generally good quality scores. Following this the practice manager recognised a higher percentage of lower quality X-rays from one dentist. They were asked to audit their X-rays again and although the results fell within expected parameters an analysis was made and areas to improve noted. A re-audit was planned to evaluate the improvements.

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

The practice obtained feedback from patients from several pathways. They had the NHS friends and family test cards for patients to complete.

In addition the practice conducted patient satisfaction survey we saw the results of the survey completed in May 2016. This was a comprehensive questionnaire which covered points including the general appearance of the premises, as well as their experience with the dentist, and whether they were aware of the complaints process.

## Are services well-led?

Results were fed back to staff via the practice meetings.

Staff were encouraged to give feedback at all times and felt supported in doing so either formally or informally.