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Leven Vale Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 September 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

Leven Vale Dental Practice is situated on the outskirts of Yarm, a small market town in Cleveland. The practice occupies a purpose-built ground floor premises and provides predominantly NHS treatment to patients of all ages. There are three treatment rooms, an open-plan reception and waiting area, a dedicated decontamination room for sterilising dental instruments, two changing /storage rooms, a staff kitchen and a general office. Car parking is available within the practice grounds. Access for wheelchair users or pushchairs is possible via the ramp outside and within the entire building.

The practice is open Monday to Thursday 0900-1700 and Friday 0900-1600.

The dental team is comprised of the principal dentist, an associate dentist, a foundation dentist, three qualified dental nurses (one being the administration lead), a trainee dental nurse and a receptionist.

The practice provides general dentistry and is actively involved in vocational foundation training for newly qualified dentists (foundation training enables newly qualified dentists to work within the National Health Service (NHS) system). The practice is passionate about oral health promotion and was involved in community programmes (fluoride varnish application and oral health education) within schools over the last two years. A programme is currently under review for next year.

Summary of findings

The principal dentist is the registered provider. A registered provider has 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 41 Care Quality Commission (CQC) comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- All staff were welcoming and friendly.
- The practice was well organised and the premises was visibly clean and free from clutter.
- An infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training.
- The practice was actively involved in promoting oral health.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Patient feedback was regularly sought and reflected upon.
- Complaints were dealt with in an efficient and positive manner.

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

- Review the practice's recruitment policy and procedures to ensure that all staff undergo Disclosure and Barring Service (DBS) checks prior to employment.
- Review the practice's legionella risk assessment. Implement the required actions including the monitoring and recording of water temperatures, giving due regard to the 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 practice's procedures for undertaking six-monthly infection prevention and control audits as recommended by the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.
- Review the practice's procedures for undertaking staff satisfaction surveys to help improve the quality of service.
- Review the practice responsibilities with regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.

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 prevention and control procedures within Levan Vale Dental Practice followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Emergency medicines and equipment were available for use in case of a medical emergency. We saw the practice was storing their Glucagon (used for diabetic emergencies) in the fridge though they were not actively monitoring the fridge temperatures as recommended by the manufacturer's guidance. The practice assured us they would do so from now forward. We also found the practice did not have a child oxygen rebreather mask or a portable aspirator in accordance with the Resuscitation Council UK guidelines; we discussed this with the provider who ordered the items immediately.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

No action



Are services effective?

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

Dental professionals were involved in promoting oral health and followed guidance from the National Institute for Health and Care Excellence (NICE) and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations. This also reflected their role as vocational training practice.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Are services caring?

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

No action



Summary of findings

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 41 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept in a lockable store room and computers were password protected. We found the store room was not locked on the inspection day and this was addressed immediately.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The spacious premises allowed for wheelchair users and people with push chairs to manoeuvre with ease.

Patients had access to telephone interpreter services when required and the practice implemented a range of aids for different disabilities such as a lowered area of their reception desk to allow wheelchair users to be seen, hand rails within the toilet and facilities for large print leaflets/information sheets if requested. The principal dentist told us they were planning to implement further aids such as a hearing loop and a safety pull cord inside the toilet.

The reception notice board displayed a "you said, we did" poster which confirmed the practice made changes in response to patients' requests.

No action



Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice

The principal dentist and administration lead were on-site every day of the week and available on the phone for staff at any time. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions however we found there were no records of this.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



Leven Vale Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 15 September 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered provider (principal dentist), two dentists, three qualified dental nurses (one of whom was the administration lead) and the trainee dental nurse.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents or incidents recorded by the practice within the last twelve months however we saw evidence of accurate records from previous years.

Staff meetings take place every three months where various aspects of the practice, including any accidents or incidents, are discussed so as to enable staff learning. We saw minutes of meetings from the last 12 months were typed up and reflected a range of subjects being discussed.

The principal dentist showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. These alerts were being distributed to all dentists by the registered provider though not to other staff. We recommended shared learning throughout the practice. The principal dentist reflected upon this immediately and will share alerts with all staff members in future.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment which was reviewed in April 2016. Safety-plus needles and syringes were implemented for use in each surgery though some dentists preferred to use rubber guards and traditional syringes. We found there were not sufficient rubber guards within the practice and we received evidence from the practice principal to confirm more were ordered following our inspection.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin sheet -usually made out of latex rubber -which isolates the tooth and protects patients from inhaling or swallowing anything dangerous during root canal treatment.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told us their practice protocol and were confident to respond to issues should they arise. The principal dentist was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (May 2016).

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart 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. All staff knew where these items were kept. We found the store room where the drugs and equipment was kept was not locked on the inspection day and this was addressed immediately.

Are services safe?

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

We saw the practice was storing their Glucagon (used for diabetic emergencies) in the fridge though they were not actively monitoring the fridge temperatures as recommended by the manufacturer's guidance. We were assured this would be implemented immediately.

Staff recruitment

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. We saw that one member of staff had a DBS check from a previous employer however checks were not carried out prior to employment within this practice. This was brought to the practice principal's attention who took the decision to apply for a DBS check immediately in accordance with the practice's own recruitment policy. We saw evidence of this shortly after.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were all reviewed in 2016 in accordance with the relevant legislation and guidance.

COSHH files are kept to ensure providers retain information about the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling,

storage and emergency measures in case of accidents) but did not have risk assessments for all materials. We were assured each substance would be risk assessed and recorded as required by the Health and Safety Executive.

The practice had one fire exit and two fire escape windows; clear signs were visible to show where evacuation points were.

We saw annual maintenance certificates of firefighting equipment including the current certificate from June 2016. The practice also had weekly checks of the alarms, extinguishers, lights and fire signs and monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan from October 2015 had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment was carried out in 2012 which showed the practice had a medium-high risk of Legionella (Legionella is a term for particular bacteria which can contaminate water systems in buildings and a risk assessment quantifies this). The practice had not requested a professional review of their risk assessment

Are services safe?

since 2012 as recommended in their original report. We saw the report identified a difficulty in maintaining the required hot water temperatures within the premises and whilst measures such as monthly temperature were implemented these were not documented. We recommended the practice to arrange for a review of their risk assessment. During the inspection, the principal dentist showed us evidence to confirm this would be carried out in the next few weeks.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis. We found the store room where the used sharps containers were stored prior to collection was not locked on the inspection day. This was addressed immediately.

Designated practice staff carry out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for X-ray machines in June 2016, sterilisation equipment and Portable Appliance Testing (PAT) in May 2016 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been checked in June 2016 to ensure they were suitable for use if required.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

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.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The registered provider showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from 2015 were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

The practice has been involved in community programmes such as fluoride varnish application and oral health education within schools over the last two years. A programme is currently under review for next year.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

Dentists we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence.

Are services effective?

(for example, treatment is effective)

The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term

used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 41 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the principal dentist's office to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in a lockable store

room; this was not locked on the inspection day so was addressed immediately. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles however two members of staff did not have any information governance training. We spoke with the principal dentist about this and we received confirmation of those staff undertaking Information Governance training the following day.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including patient leaflets, practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity for various patient groups. The practice had carried out their own disability access audit in 2015 which was updated annually. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. The practice implemented a range of aids for

different disabilities such as a lowered area of their reception desk to allow wheelchair users to be seen, hand rails within the toilet and large print leaflets if requested. The principal dentist told us they were planning to implement further aids such as a hearing loop and a safety pull cord inside the toilet.

Access to the service

The practice is open Monday to Thursday 0900-1700 and Friday 0900-1600. These timings were displayed in their premises, in the practice information leaflet and on the practice website. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received three complaints in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The principal dentist provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by various staff on an annual basis and updates shared to support the safe running of the service.

The principal dentist kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the Control of Substances Hazardous to Health (COSHH) file, their practice risk assessment, health and safety risk assessment and fire risk assessment. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The overall leadership was provided by the registered provider (principal dentist). The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

Clinical and non-clinical audits were apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Audits were carried out by various members of staff. Topics included radiography, infection prevention and control and record keeping audits. We saw audits were documented with results though action plans were not always clearly detailed. A regular audit cycle was also not apparent for all topics. We found the practice was carrying out annual infection control and prevention audits rather than six-monthly as recommended by HTM0105.

We discussed the importance of action plans and the audit cycle with the principal dentist who assured us this would be implemented in all audits from now forward.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out on an annual basis.

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

The practice had systems in place to seek and act upon feedback from people using the service.

Patients were encouraged to provide feedback on a regular basis online and encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Survey results were displayed in reception to show patients how their views have been considered.

A notice board in the reception area displayed a "you said, we did" poster which confirmed the practice made changes in response to patients' requests. One example included patients' requests for pictures of the dental professionals on their website; we saw this was completed.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager however there were no formal staff satisfaction surveys. The practice administration lead had agreed this would be beneficial and would initiate this as soon as possible.