

Burneston House Dental Surgery

# Burneston House Dental Surgery

## Inspection Report

44 Epsom Road  
Guildford  
Surrey  
GU1 3LF

Tel: 01483 573 630

Website: <http://www.burnestondental.com/>

Date of inspection visit: To Be Confirmed

Date of publication: 30/01/2017

### Ratings

#### Overall rating for this service

No action 

Are services safe?

No action 

Are services effective?

No action 

Are services caring?

No action 

Are services responsive?

No action 

Are services well-led?

No action 

### Overall summary

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. The practice had arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

The practice has no employment policy or guidance and staff files were incomplete.

The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Not all staff had received safeguarding training, however were aware of their responsibilities regarding safeguarding children and vulnerable adults.

No action



### Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care, Excellence (NICE) to guide their practice.

We saw examples of positive teamwork within the practice and evidence of good communication with patients and other dental professionals. We were unable to confirm that staff received professional training and development appropriate to their roles and learning needs and documentation was not available.

No action



### Are services caring?

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

We obtained the views of one patient on the day of our visit. These provided a positive view of the service the practice provided. We reviewed 50 comment cards which provided a positive view of the service patients received. All of the patients commented that the quality of care was very good. Patients commented on the friendliness and helpfulness of the staff and that dentists were good at explaining the treatment that was proposed to them.

No action



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

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

The service was aware of the needs of the local population and took these into account in how the practice was run; patients could access treatment and urgent and emergency care when required.

No action



# Summary of findings

The practice had three treatment rooms, two at lower ground level and one at ground level. The practice had level access to the building for patients with mobility difficulties and families with prams and pushchairs.

## Are services well-led?

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

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the principal dentist (registered manager) was very approachable and available for advice where needed.

The partnership did not have visible effective governance arrangements at the practice.

There was lack of oversight of staff's continuing professional development (CPD) activity and it was not being suitably monitored.

Staff told us that they felt well supported and could raise any concerns with the principal dentist. All the staff we met said that they were happy in their work.

**No action**



# Burneston House Dental Surgery

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection on 8th December 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 is well-led care in accordance with the relevant regulations.

#### **Background**

Burneston House Dental Surgery is a dental practice providing private and NHS treatment for both adults and children. The practice is based in Guilford, Surrey. The practice has three dental treatment rooms. There is a separate decontamination facility used for cleaning,

sterilising and packing dental instruments. The practice lower floor is accessible to wheelchair users, prams and patients with limited mobility. The practice employs two dentists, one hygienist, five dental nurses and one receptionist. The practice's opening hours are Monday and Thursday 8.15am to 5.00pm, Friday 8.15 to 16.00. The surgery is closed from 12.30 to 13.30 each day for lunch.

There are arrangements to ensure patients receive urgent dental assistance when the practice is closed. This is provided by a local group of dentists who cover for each other.

The practice is registered with the Care Quality Commission (CQC) as a partnership, Dr Anne Lane, Dr Christian Metzner. 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.

Dr. Christian Metzner is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 obtained the views of 50 patients from comment cards and direct feedback from one patient on the day of our inspection.

#### **Our key findings were:**

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.

# Detailed findings

- Leadership was provided by the principle dentist who was the practice owner.
  - Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
  - The practice appeared clean and well maintained.
  - There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
  - Infection control procedures were of a high standard and the practice followed published guidance.
  - The practice owner acted as the safeguarding lead with effective processes for safeguarding adults and children living in vulnerable circumstances.
  - There was a process for the reporting and shared learning when untoward incidents occurred in the practice.
  - Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
  - The service was aware of the needs of the local population and took these into account in how the practice was run.
  - Patients could access treatment and urgent and emergency care when required.
  - Staff received some training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owner.
  - Staff we spoke with felt very well supported by the practice owner and were committed to providing a quality service to their patients.
  - Feedback from 50 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- There were areas where the provider could make improvements and should:
- Adhere to the practice's recruitment policy so that records are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically by undertaking and recording all of the requirements in respect of employment at the practice.
  - Review the practice's safeguarding training; ensuring all staff receive Level 2 verifiable continuing professional development in adult and child safeguarding matters.
  - The practice should develop a poster or leaflet to inform patients how to make a complaint if necessary follow the already in place policy.
  - The practice should either put out the poster they already had regarding the NHS fees or develop a leaflet that they can hand to NHS patients.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The registered manager and staff demonstrated an awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). Staff had access to guidance with regard to the reporting and types of events that would be reportable in the practice governance file a Health and Safety Executive (HSE) directive detailing RIDDOR procedures and a RIDDOR reporting system. The practice had an incident and accident reporting system for when something went wrong; this system also included the reporting of minor injuries to patients and staff. Records showed that no such accidents occurred during 2015-16. The practice had access to the national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Agency (MHRA). The principal dentist said all information was shared with staff as soon as it was received.

We discussed the duty of candour requirement in place on providers and the principal demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations 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].

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

We spoke to the dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to the safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles are manually disposed of using the hands following administration of a local anaesthetic to a patient. Dentists are responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked a dental nurse how they treated instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. 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.

The registered manager was the safeguarding lead who was the point of referral should members of staff encounter a child or adult safeguarding issue. Staff told us about the safeguarding policy and protocol that they could refer to should they suspect that abuse had occurred. Training records showed that not all staff had received appropriate safeguarding training for both vulnerable adults and children. The principal dentist said this would be address as soon as possible.

Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. However the policy/guidance needed to be updated to follow local guidance. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

### Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment. The practice had emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had

# Are services safe?

access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell. The registered manager was planning more training in the new year.

## **Staff recruitment**

The dentists and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice currently had no policy or guidance for the safe recruitment of staff.

We reviewed some of recruitment records. Staff recruitment records were ordered and stored securely. We were unable to complete our checks as parts of the required information were not in the files. We questioned where the information was and staff informed us that they held the information 'at home'. We were unable to see all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are 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. In all staff recruitment records we were unable to find the job descriptions and induction information. We spoke to the registered manager who stated that this would be rectified.

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

The practice had arrangements to monitor health and safety and deal with foreseeable emergencies. The practice maintained a system of policies and risk assessments which included safety requirements for radiography, general health and safety and those pertaining to all the equipment used in the practice. The practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

## **Infection control**

There were effective systems to reduce the risk and spread of infection within the practice. The practice had an

infection control policy that had been regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control was being met. It was observed that an audit of infection control processes carried out in April 2016 confirmed compliance with HTM 01 05 guidelines.

We looked at the one dental treatment room in use, waiting area, reception and toilet and saw that all areas were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room. Hand washing facilities were available including liquid soap and paper towels in the treatment room. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed. The treatment room was inspected and was clean, ordered and free from clutter.

The treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out and updated by the practice by a competent person in December 2015. The recommended procedures contained in the report including the testing of water quality and regular hot and cold temperature tests were carried out and logged appropriately, these measures ensured that patients and staff were protected from the risk of infection due to Legionella.

A dental nurse showed us how instruments were decontaminated after use. They wore appropriate personal protective equipment (including heavy gloves, visor and apron) while instruments were cleaned and decontaminated.



# Are services safe?

The practice used a system of manual cleaning/scrubbing for the initial cleaning process, the instruments, then inspected with an illuminated magnifier prior to being placed in an autoclave (a device for sterilising dental and medical instruments). We saw that instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The segregation and storage of clinical waste was in line with current guidelines laid down by the HTM01-07. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and segregated in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate area prior to collection by the waste contractor. Waste consignment notices were available for inspection. We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

## Equipment and medicines

The practice owner confirmed that equipment checks were regularly carried out in line with the manufacturer's recommendations. These included the autoclave and the compressor. We saw that, the pressure Vessel Certificate for the practice air compressor had been issued in April 2016. We also noted portable appliance testing (PAT) had been carried out in July 2016 and was due to be carried out again in 2017.

The batch numbers and expiry dates for local anaesthetics were recorded on a record sheet. These medicines were stored securely for the protection of patients.

The practice also issued patients prescriptions for approved medications. These prescriptions pads were stored safely in a locked environment when not in use. There was an audit process in place to ensure that no prescriptions had gone missing.

## Radiography (X-rays)

We were shown a radiation protection file that contained documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local rules are bespoke operating procedures for the area where X-rays are taken and the amount of radiation required achieving a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area. This is a set parameter around the dental chair/patient and the lowest dose possible. Applying the local rules to each X-ray taken means that X-rays are carried out safely...

We were shown a radiological audit format for the practice which had just started. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified and reported on. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff was protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under Ionising Radiological (Medical Exposure) Regulations 2000 IR (ME) R 2000.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentist we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and checks for signs of mouth cancer.

Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient along with the various treatment options. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. Dental care records that were shown to us by the dentists demonstrated that the essential findings of the assessment and treatment carried out were recorded appropriately. We saw details recorded of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. The dentist described the advice that they gave which included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with

the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that oral health advice had been given to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

### Consent to care and treatment

A dentist we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist explained they would not normally provide treatment to patients during their examination appointment unless they were in pain or the presenting condition dictated otherwise. This allowed a cooling off period so that patients had time to think about the treatment options presented to them. The dentist explained how individual treatment options and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The dentist went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council. All of the patients we asked told us they felt there was enough staff to facilitate the smooth running of the practice. Staff we spoke with told us they felt supported by the dentists and practice

# Are services effective?

(for example, treatment is effective)

owner. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress. The practice employs two dentists, one hygienist and five dental nurses.

## **Working with other services**

The registered manager told us how they were able to refer patients to a range of specialists in primary and secondary

services if the treatment required was not provided by the practice. Referrals we looked at included to secondary care, where complex oral surgery was required to local orthodontists where skeletal abnormalities were indicated and to the local hospital where oral cancers were suspected.

# Are services caring?

## Our findings

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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and the dentist could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored currently as paper records. These records are securely stored. However, the registered manager confirmed the practice is moving to a fully computerised system which would be password protected. The practice computer screens for making appointments could not be overlooked which ensured patients' confidential information could not be viewed. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. We obtained the views of 50 patients prior to the day of our visit and one patient on the day of our visit. These provided a positive view of the service the practice provided. All of the patients

commented that the dentist was good at treating them with care and concern. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection we observed staff in the reception area. They were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A leaflet detailed the costs of private treatment. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on estimates and treatment plan forms for private patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area had a variety of information. These explained opening hours, emergency 'out of hours' contact details and arrangements and a complaint policy. We advised that it would be good to have a complaint leaflet or poster on how to make a complaint. We would also like to see posters of NHS costs displayed in the reception area. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for the dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that may hamper them from accessing services. The practice owner described the way the layout of the premises had been designed to support people with greater physical needs.

### Access to the service

The practice's opening hours were Monday and Thursday 8.15am to 5.00pm, Friday 8.15 to 16.00. The surgery is

closed from 12.30 to 13.30 each day for lunch. However, we were told that the surgery would also open at other times if required. All the patients we asked told us they were satisfied with the hours the surgery was open. The practice registered manager provided advice about the covering arrangements in an emergency when the practice was closed. Contact information was publicised on the telephone answering machine when the practice was closed.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided. Information for patients was a policy about how to make a complaint and this was available in the practice's waiting room. We asked one patient if they knew how to make a complaint if they had an issue and all said yes. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. For example, a complaint would be acknowledged within three working days and a full response would be given in 10 days. We were shown the complaints log which showed that no complaints had been received in the past 12 months. We advised that there should be a simple leaflet developed to inform patients on how to complain. The registered manager confirmed that they will develop this.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements were facilitated by the registered manager who was responsible for the day to day running of the practice. The practice maintained a system of policies and procedures using a practice file. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the practice owner on a regular basis.

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

Leadership was provided by the registered manager (principle dentist). The practice ethos focused on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the registered manager was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients. We discussed the duty of candour requirement in place on providers and the registered manager demonstrated understanding of the requirement.

### **Learning and improvement**

We saw evidence of systems the practice used to identify staff learning needs which were underpinned by staff attending monthly meetings where all staff came together to discuss problems and share learning. The practice also carried out essential clinical audit in infection control and the quality of dental X-rays.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development. The registered manager stated that they encouraged staff to carry out professional development wherever possible. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses. However the practice did not have a record of this within the member of staff file. The practice ensured that all staff underwent regular mandatory training in medical emergencies, including cardio pulmonary resuscitation (CPR), infection control and dental radiography (X-rays).

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a complaints procedure. Results of the most recent practice survey carried indicated that 100% of patients, who responded, said they were happy with the care and treatment provided by the practice.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff told us that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements.