

## Regent Street Orthodontics Limited

# Regent Street Orthodontics

## Inspection Report

26 Regent Street  
Nottingham  
Nottinghamshire  
NG1 5BQ  
Tel: 0115 9484277  
Website:

Date of inspection visit: 8 March 2016  
Date of publication: 18/04/2016

### Overall summary

We carried out an announced comprehensive inspection on 8 March 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**

Regent Street Orthodontics is situated on the third floor of a building close to Nottingham city centre. The practice was registered with the Care Quality Commission (CQC) in April 2015. The practice provides orthodontic services to both NHS and private patients, with approximately 95% receiving NHS orthodontic treatment.

The practice's opening hours are: Monday to Friday: 8 am to 4:15 pm apart from Wednesday: 8 am to 6 pm. The practice is closed at the weekend.

Access for urgent treatment outside of opening hours is by ringing the practice and following the instructions on the answerphone message. Alternatively patients should ring the 111 telephone number for access to the NHS emergency dental service.

The principal orthodontist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The practice has three orthodontists; three dental nurses and one practice managers. Dental nurses also work on the reception desk

# Summary of findings

We received positive feedback from 49 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection. We did not speak with any patients in the practice on this occasion as there were no appointments taking place.

## **Our key findings were:**

- Patients made positive comments about the orthodontic services provided and identified they were treated with dignity and respect.
- The layout of the practice contributed to patients' confidentiality being maintained.
- There were systems and processes to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- There was a whistleblowing policy and procedures, and staff were aware of these procedures and how to use them. All staff had access to the whistleblowing policy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had the necessary equipment to deal with medical emergencies, and staff had been trained how to use that equipment. This included oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Policies and procedures at the practice were kept under review.
- Patients were involved in discussions about the care and treatment on offer at the practice.
- Treatment options were identified, explored and discussed with patients.

# 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.

Accidents and significant events were recorded and any learning points were shared with staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

There was an up-to-date policy for safeguarding children and vulnerable adults. All staff had received training in safeguarding children and vulnerable adults. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance. Equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely.

X-rays were carried out safely in line with published guidance, and X-ray equipment was regularly serviced to make sure it was safe for use.

### **Are services effective?**

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

All patients were clinically assessed by a dental professional before any treatment began. Patients were re-assessed during a course of treatment to ensure the treatment was still meeting the patients' needs.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Staff were able to demonstrate that referrals had been made in a timely way when necessary.

### **Are services caring?**

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

Feedback from comment cards identified that the practice treated patients with dignity and respect.

Staff at the practice were friendly and welcoming to patients.

Staff maintained patient confidentiality and were able to demonstrate how they achieved this in both the reception area and the treatment rooms.

Patients commented they received good treatment and they were involved in discussions about that treatment.

Patients commented they were able to express their views and opinions.

# Summary of findings

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

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

Patients said it was easy to get an appointment.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

The practice was situated on the top floor of a building close to the city centre. There was no lift, and access was only by the stairs. The practice had made alternative arrangements for patients who could not manage the stairs.

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

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.

# Regent Street Orthodontics

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

Before the inspection we asked the 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. We spoke with eight members of staff during the inspection.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one orthodontist, two dental nurses, and the practice manager. We reviewed policies, procedures and other documents. We received feedback from 49 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 recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in November 2015 this being a minor injury to a member of staff caused by orthodontic wire. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice. There had been no other accidents recorded in the 12 months previous to this inspection visit.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). 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). The practice manager said that there had been no RIDDOR notifications made. However, they were aware how to make these as there was information about making RIDDOR reports in the accident file.

The practice had a log of significant events, together with an untoward incident policy. There had been one recorded incident in the year up to this inspection, this related to a staff member becoming unwell. Discussions with staff showed they understood the issues which should be considered a significant event.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. Alerts were received by the practice manager by e mail and were analysed and information shared with staff if and when relevant. The practice manager said the most recent alert had been received during the inspection and related to problems associated with heart valves. This had not affected the practice, but the practice manager had kept the information on file for information.

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

The practice had separate policies for safeguarding vulnerable adults and children. Both policies had been reviewed in January 2016. The policies identified how to respond to any concerns and how to escalate those concerns. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A flow chart and the relevant contact telephone numbers were available in the safeguarding file behind reception.

The practice had identified the registered manager as the lead for safeguarding in the practice. The lead had received enhanced training in child protection to support them in fulfilling that role. We saw the practice had a safeguarding file which contained all of the relevant information and the action plan should the practice have any concerns relating to safeguarding.

Staff training records showed that all staff at the practice had undertaken recent training in safeguarding adults and children.

There was a policy, procedure and risk assessment to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy had been updated in February 2016. The policy directed staff to identify and risk assess each chemical substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 17 July 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which directed staff how to handle sharps (particularly orthodontic wire) safely. As this was an orthodontic practice they did not carry out invasive techniques which required injections or sharp dental instruments. Copies of the practice's sharps policy

# Are services safe?

and how to deal with sharps injuries (A sharps injury is any wound received by pricking, cutting or grazing with a needle or other sharp dental instrument) were displayed in the clinical areas of the practice.

## Medical emergencies

The dental practice had equipment in readiness to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available. All staff at the practice had completed basic life support and resuscitation training on 17 October 2015.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

We looked at the staff recruitment files for five staff members 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 personnel files. This includes: proof of identity; checking the prospective staff members' 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.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had both a health and safety policy and environmental risk assessments. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example: manual handling and emergency medicines

Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment had been updated in July 2015. The fire extinguishers had last been serviced in May 2015. Records identified that the last fire drill took place on 2 March 2016.

The practice had two health and safety law posters on display in the X-ray room and in reception. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy a copy of which was readily available to staff working in the practice. The policy had been reviewed and updated within the previous year. Dental nurses had set responsibilities for cleaning and infection control in the treatment and decontamination room. The practice had systems for testing and auditing the infection control procedures. Records showed relevant staff had received training in infection control.

Records showed that regular six monthly infection control audits had been completed as identified in the guidance HTM 01-05. The last audit in January 2016 scored 98%.

# Are services safe?

The practice had a clinical waste contract with a recognised company. Clinical waste was collected regularly, and was stored securely away from patient areas while awaiting collection. The practice had a bodily spillage kit which was in date.

There was a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had dirty and clean areas and there was a clear flow between to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We found that dental instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice policy.

The practice had a washer disinfectant which had broken down at the time of our inspection. As a result staff were manually cleaning and rinsing dental instruments after use. The instruments were then examined using an illuminated magnifying glass to ensure they were clean and free from damage. Finally the instruments were sterilised in the practice's steam autoclave (a device for sterilising dental and medical instruments). Steam autoclaves are designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

There was information in the practice to identify that staff had received inoculations against Hepatitis B and had received regular blood tests to check the effectiveness of

that inoculation. Health professionals 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 this blood borne infection.

The practice had a policy for assessing the risks of Legionella and a Legionella risk assessment. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them.

## Equipment and medicines

The practice maintained a file of records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had taken place on electrical equipment at the practice on 21 April 2015. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

There were further records to demonstrate the practice was safe. For example: records to demonstrate the fire alarm and autoclave had been serviced in August 2015 and the compressor had all been serviced during January 2016.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## Radiography (X-rays)

The orthodontic practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the whole mouth including the teeth and jaws. X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The local rules identified the practice had a radiation protection supervisor (RPS) this was one of the



## Are services safe?

orthodontists. There was also a radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

All patients were required to complete medical history forms and the dentist considered each patient's individual

circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray views taken, justification for taking the X-ray and the clinical findings. Discussions with an orthodontist identified that grading of the radiographs occurred every time an X-ray was taken, to judge if the equipment was working correctly. We saw examples of this in practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Each patient at the practice had a dental care record. We saw a small number of these to confirm what the dental staff had told us during the inspection. The records included all information about the assessment, diagnosis and treatment given to patients by dental healthcare professionals.

Patients at the practice completed a medical history form, or updated their details. The patients' medical histories form included any health conditions, medicines being taken and whether the patient had any allergies.

### Health promotion & prevention

There was information for patients in the waiting room, this included posters and leaflets about the services on offer and health information related to dental care. There were photographs, posters and leaflets providing information about orthodontic treatments and explaining the procedures. The practice also had photographic examples of before and after treatment to demonstrate the positive effects of orthodontic treatment.

### Staffing

The practice had three orthodontists; three dental nurses and one practice managers. Dental nurses also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

During the inspection we saw the staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records identified how many hours training staff had undertaken together with training certificates for courses attended. The practice manager said the principal orthodontist monitored that clinical staff were on target for their CPD targets. This was to ensure staff remained up-to-date and continued to develop their dental skills and

knowledge. Examples of training completed included: Radiography (X-rays), medical emergencies and safeguarding. We saw that training certificates in files evidenced what training had been completed.

Records at the practice showed that appraisals had been completed during 2015 for all staff with the principal orthodontist. We saw evidence in five staff files that appraisals had taken place. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal in the past year.

### Working with other services

We saw that the practice made referrals to other services, and also received referrals from other dental services.

Staff said that referrals to other services would usually be to the maxillofacial unit at the hospital for advice or treatment. This would be for example for surgical removal of teeth or exposure of teeth which had not come through. The practice also received referrals from dentists who did not have a specialism in orthodontics, and where a patient required specialist orthodontic assessment and treatment. We saw examples of both types of referral in the dental care records.

### Consent to care and treatment

Orthodontic treatment lasts several weeks or months depending on the treatment being completed. At the beginning the patient would be assessed by an orthodontist and the treatment plan would be developed and discussed. An orthodontist at the practice explained that it was vital to get the patients' co-operation and consent at this stage. Treatments were explained using models, photographs and literature. This allowed the patients to understand the process, and the importance of wearing their braces or appliances, and following the treatment plan.

Many patients receiving orthodontic treatment are teenagers or young adults. An orthodontist explained that treatment would not be started without a parent present to sign consent forms. This was where the patient was not old enough to legally consent for themselves.

# Are services caring?

## Our findings

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

There were no patients present during the inspection, as only one orthodontist was working that day, and no patients were scheduled to be seen.

The practice had one reception desk which was located outside the waiting room. We discussed the need for confidentiality with reception staff who explained how this was achieved. Staff said if it were necessary to discuss a confidential matter this would be done in the privacy of the treatment room.

Before the inspection we left Care Quality Commission (CQC) comment cards left at the practice for patients to complete. We received 49 comment cards. All of the cards had positive comments about the practice. Several comments made reference to the staff being polite and friendly.

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

Several CQC comment cards identified the staff took the time to listen, and patients said they were able to ask questions and were involved in their treatment.

The practice offered NHS treatment and the costs for NHS treatments clearly displayed in the practice.

We spoke with the principal orthodontist who explained how each patient had their dental treatment discussed with them, and if relevant and appropriate their parents or legal guardians. The discussions covered the patients' diagnosis, the treatment options and costs. These were all discussed and explained before treatment started. Patients were given a written copy of the treatment plan which included the costs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was situated in a building close to the city centre. There was car parking available at car parks around the city centre, and the practice was a short walk from the nearest tram stop.

The practice had separate staff and patient areas to assist with confidentiality and security.

We saw there was a sufficient supply of dental instruments to meet the needs of the practice.

The principal orthodontist explained the treatment began with a thorough assessment. The patients' progress was re-assessed regularly throughout the treatment to ensure the stated goals were being met and treatment was progressing as expected.

### Tackling inequity and promoting equality

The practice had good access to all forms of public transport with bus and tram stops located close by.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said that there were very few patients who could not speak English. If language was a problem the patient usually brought someone to interpret therefore avoiding the need for interpreters.

### Access to the service

The practice was open: Every day: 8 am to 4:15 pm apart from Wednesday when the practice was open: 8 am to 6 pm. The practice was closed at the weekend.

Access for urgent treatment outside of opening hours was by ringing the practice and following the instructions on the answerphone message.

The practice was located on the top floor of a building close to the city centre. Patients with restricted mobility would have difficulty accessing the service as there was no lift but several flights of stairs. Staff said that patients who could not manage the stairs had been seen in the orthodontic practice on the ground floor. A different provider, but an arrangement had been made to enable the patients' needs to be met. Alternatively the practice had referred to other orthodontic services that were fully accessible.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in July 2015. The procedure explained the process to follow and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Parliamentary and Health Service Ombudsman.

Information about how to make a complaint was displayed in the practice waiting room and in the practice leaflet.

From information received prior to the inspection we saw that there had been no formal complaints received in the previous 12 months.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was a clear management structure at the practice with staff having set roles and responsibilities. The practice had a registered manager who was the principal orthodontist.

Discussions with staff identified they understood their role and could speak with either the practice manager or the principal orthodontist if they had any concerns. Staff said they understood the management structure at the practice. We spoke with three members of staff who said there was good communication and the staff worked as a team.

We reviewed a number of policies and procedures at the practice and saw that they had been reviewed and where relevant updated during 2015.

We looked at a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail.

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

Practice meetings for all staff were scheduled approximately once a month, and minutes were available for all staff. We saw minutes identified topics such as health and safety and staff training.

We spoke with several staff at the practice about the management structure. Staff said there was an open culture and senior staff were approachable. Managers were available to discuss any concerns and there was support available regarding clinical issues. Staff said they were confident they could raise issues or concerns at any time. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which was available on any computer within the practice. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was

both internally and with identified external agencies. We discussed the whistleblowing policy with a member of staff who was able to describe what the procedures were for, and when and how to use them.

### **Learning and improvement**

The practice manager demonstrated the schedule of audits completed throughout the year. This was for both clinical and non-clinical areas of the practice. The audits showed that the practice was monitoring the quality of both clinical and non-clinical areas of the practice and identifying where improvements could or should be made. The schedule showed that audits were carried out at various time intervals from annually to three monthly. We saw completed audits for infection control and dental care records.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Orthodontists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period. This was being monitored through annual appraisal.

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

The practice had a NHS Friends and Family (F and F) comment box which were located in the waiting room. Family and friends was used specifically to gather regular feedback from the NHS patients and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis.

We visited the NHS Choices website and reviewed the information and comments that patients had left about the practice. However, the most recent comment had been left in 2014 and there was nothing more current.

The practice also conducted its own survey. The results were analysed and discussed in staff meetings.