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# The Dentist - Woodside Park

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 05 October 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**

The Dentist Woodside Park is located in the London Borough of Barnet and provides private dental treatment to both adults and children. The premises are on the ground floor and consist of two treatment rooms, an X-ray room, a CBCT scanner room, a decontamination room and the reception areas. The practice is open Monday - Friday 8:00am – 5:00pm.

The staff consists of the principal dentist, an associate dentist, a dental hygienist, two dental nurses, a receptionist and a practice coordinator.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 21 CQC comment cards the practice patient satisfaction survey. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

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

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

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).

# Summary of findings

- We found the dentists took X-rays at appropriate intervals.
  - Patients were involved in their care and treatment planning so they could make informed decisions.
  - There were effective processes in place to reduce and minimise the risk and spread of infection.
  - The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
  - Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
  - Patients were treated with dignity and respect and confidentiality was maintained.
  - The practice had implemented clear procedures for managing comments, concerns or complaints.
  - Patients indicated that they found the team to be efficient, professional, caring and reassuring.
  - Patients had good access to appointments, including emergency appointments, which were available on the same day.
  - Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.
- There were areas where the provider could make improvements and should:**
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
  - Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
  - Review the practice protocol for the Duty of Candour under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  - Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
  - Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
  - Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
  - Review its audit protocols to ensure radiography audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

# 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 systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography.

We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely; improvements were required to ensure medicines and equipment as per national guidelines were available at all times. X-rays were taken in accordance with relevant regulations. Improvements were also required to ensure that a rubber dam was routinely used for root canal treatment in line with national guidelines.

No action



### Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC).

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice followed up on the outcomes of specialist referrals made within the practice. We saw examples of effective collaborative team working. Improvements were required as regard completion of dental care records giving due regard to national guidance.

No action



### Are services caring?

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

We reviewed 21 CQC comment cards and the results of the practice's patient satisfaction survey. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

No action



# 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.

There were systems in place for patients to make a complaint about the service if required. The practice reviewed patients' comments and acted on them where necessary. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the principal dentist mobile number was available for patients' reference.

No action



## Are services well-led?

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

Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the principal dentist was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported. Improvements were required to ensure staff were aware of their responsibilities under the Duty of Candour, and radiography audits were undertaken at regular interval.

No action



# The Dentist - Woodside Park

## 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 5 October 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, which included the principal dentist, two dental nurses, the

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff we spoke with were not aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Following our inspection the practice sent us a policy on being open and the Duty of Candour.

The practice had a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff we spoke with understood the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH).

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

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The policy also contained guidance from Barnet Council. The principal dentist was the safeguarding lead. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that most staff had completed child protection and safeguarding adults training to an

appropriate level. We did not see evidence of training for one clinical member of staff. Following our inspection the practice sent us confirmation of child protection and safeguarding adults training.

The practice had a health and safety policy and had undertaken a range of risk assessments. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharp injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). However, we did not see evidence of this in the dental care records or in X-ray records.

### Medical emergencies

Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). A portable suction and a self-inflating bag and mask apparatus were not available at the practice on the day of our inspection. We discussed this with staff who later showed us confirmation that these items had been ordered.

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

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence that all staff completed training in emergency resuscitation and basic life support.

# Are services safe?

## Staff recruitment

The practice had a recruitment policy. We reviewed the recruitment records for all members of staff. The records contained all of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

## Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment and a fire inspection had been undertaken in January 2016. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

The practice had undertaken a risk assessment of the business and there was a business continuity plan in place which was updated in May 2016. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a flood, equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice where patients could be referred for treatment if necessary.

The practice had a dental hygienist who worked without chairside support. The practice had not undertaken a risk assessment for the dental hygienist working without chairside support. Following our inspection the practice sent us a risk assessment including medical emergencies to ensure appropriate support was available and there was an action plan in place.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and alerts from other agencies. All alerts were received and reviewed by the principal dentist and disseminated by

them to the staff, where appropriate. The practice had a safety alert folder which was accessible to staff. We saw records of alerts for defective products and medicines management.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was an infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The policy had been updated in May 2016. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination rooms. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated by means of manual scrubbing before placing in a washer disinfectant. Instruments were cleaned prior to being placed in an autoclave (sterilising machine).

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

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

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of



# Are services safe?

hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had undertaken a Legionella risk assessment in February 2013 and there was a recommended action plan in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

## Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave, dental chair, suction apparatus which were serviced in August 2016. The washer disinfectant had been serviced in November 2015. A pressure vessel check had been carried out in August 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) in June 2016. The fire extinguisher had been checked in January 2016.

The practice had a policy on prescribing which detailed how medicines should be prescribed, dispensed and

stored. Staff showed us that medicines were stored securely in a locked cabinet. We saw records which showed that when medicines were dispensed appropriate information such as the quantity and dose had been recorded. Improvements could be made to ensure the batch number and expiry dates were also recorded.

## Radiography (X-rays)

The practice had a well maintained radiation protection file. We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was serviced in December 2015.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). We saw records which showed the dentist gave preventive advice in line with current guidance. The dental hygienist also recorded when oral health advice was given. The dentist told us they delegated the assessments of the patient's gum health to the dental hygienist and took X-rays at appropriate intervals. The dentist told us the justification and grading of X-rays was not recorded in the dental care records.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of some assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums].

We did not see evidence that each patient's gum health was assessed as not all patients saw the dental hygienist for treatment. We observed some information had not been recorded on the patients' dental care records for example, details of the dental examination including soft tissue checks.

### Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as brushing, flossing, caring for children's teeth, tooth decay and the benefits of regular dental examinations.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

### Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that most staff members were up to date with CPD and registration requirements issued by the General Dental Council. Staff had completed training in infection control, radiography and information governance. We did not see up-to-date records for one clinical member of staff. Following our inspection the practice sent us confirmation of their CPD activity.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs. We saw records which showed staff appraisals were completed regularly.

### Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required.

### Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. Staff told us individual treatment options, risks and benefits and costs were discussed with each

# Are services effective?

(for example, treatment is effective)

patient who then received a detailed treatment plan and estimate of costs. Improvements could be made to ensure the dental care records showed that options, risks and benefits of the treatment were discussed with patients.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

Dental implants were provided at the practice. The practice had a consent form for implant treatment and copies were retained in the patient's dental care records. The practice also had consent forms for immediate dentures, oral surgery and dental hygiene treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Some staff had received formal training on the MCA. Staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

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

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed 21 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

The practice had a policy on confidentiality which detailed how a patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were both paper based and computerised. The computers were password protected and dental care records were stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

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

The dentists told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

Staff told us the practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The practice was located on the ground floor and accessible to people using wheelchairs, or those with limited mobility. The practice did not have a disabled toilet.

### Access to the service

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment.

In the event of a dental emergency outside of normal opening hours details of the principal dentist's mobile number was available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed. The practice had a patient leaflet in the reception area outlining the name of the dentists, how to make an appointment, the opening hours and emergency out of hours details.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

### Concerns & complaints

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

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. The practice had not received any complaints in the last 12 months. We saw records which showed the practice received comments from patients on communication. Staff showed us how these concerns were discussed and addressed in order to improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Improvements could be made by ensuring safety devices were routinely used.

The principal dentist organised staff meetings to discuss key governance issues and staff training sessions. We saw records of four staff meetings in the last 12 months documenting discussions of First Aid staff training, infection control and emergency services. The practice coordinator had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Staff we spoke with were not aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Following our inspection the practice sent us a policy on being open and the Duty of Candour.

The practice had computerised and paper based dental care records. All computers were password protected and records were stored appropriately.

### Leadership, openness and transparency

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

The practice had a whistleblowing policy and staff were aware of their responsibilities. We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

### Learning and improvement

The practice had undertaken audits in infection control, antimicrobial prescribing, record keeping, disability access and failed appointments. Staff showed us examples of audits such as infection control in October 2016, antimicrobial prescribing in May 2016, disability access in May 2016 and failed appointments in September 2016.

The practice had carried out an X-ray audit. However, this did not include the grading and quality assurance of X-rays following published guidance. We discussed this with the principal dentist who provided assurances that a suitable X-ray audit taking into account national guidelines would be undertaken. The practice had undertaken a record keeping audit. We did not see records which showed that the record keeping audit had documented learning points, was analysed and the resulting improvements could be demonstrated.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's response to the practice patient satisfaction survey.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.