Dr Jan Kock Schutte

# St Cuthberts Dental Surgery

## Inspection Report

St Cuthbert's Dental Surgery
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Date of inspection visit: 13 and 14 August 2015
Date of publication: 01/10/2015

## Overall summary

We carried out an announced comprehensive inspection on on 13 and 14 August 2015 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

We carried out a comprehensive inspection of St Cuthbert's Dental Surgery on 13 and 14 August 2015. St Cuthbert's dental surgery is a ground and first floor practice which situated in the centre of Winchester, Hampshire.

The practice offered private dental care services between 8.30am and 5pm from Monday to Thursday and 8.30am – 1pm on Friday to patients of all ages. Services provided included preventative advice and treatment together with routine, restorative and cosmetic dental care which included implants.

The provider, Dr Jan Schutte shared the practice facilities with two other dentists who were each separately registered with CQC. Staff and facilities were shared and patients could register with either of the dentists.

Dr Schutte was registered as an individual and was legally responsible for making sure that the practice met the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

We reviewed 40 completed CQC comment cards, gathered views of seven patients, spoke with four patients on the day of our inspection and reviewed patient feedback gathered by the practice over the last 12 months. All of the 51 patients who provided feedback for our inspection were positive about the care they received

# Summary of findings

from the practice. They commented that staff were very caring, informative, respectful and the dentist was faultless, knowledgeable,, professional and always gave utmost care and attention.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

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

- Ensure actions identified from the risk assessments, undertaken in June 2015, are carried out.
- Ensure all areas of the premises are suitable for the purpose for which they are being used.
- Carry out staff appraisals in a timely manner.

# 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.

Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate. Incidents, errors and near misses involving all relevant staff and patients were identified and lessons learnt were communicated with staff to make sure action was taken to improve safety.

Individual records were written and managed in a way to keep patients safe. This included ensuring dental care records were accurate, complete, legible, up to date, stored and shared appropriately. There were sufficient numbers of suitably qualified and competent staff who were able to identify and respond appropriately to signs of deteriorating health and medical emergencies. Premises and equipment were clean, secure, properly maintained and kept in accordance with current legislation.

**Are services effective?**

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

Patient care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation. The practice had information and support available to help patients understand their care and treatment options. This included information about the cost of treatment where appropriate. Consent to care and treatment was sought in line with legislation and guidance.

Staff were supported to deliver effective care through opportunities to undertake training, learning and development and through meaningful and timely supervision. There were clear procedures based on current guidelines to refer patients to specialist colleagues.

**Are services caring?**

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

Patients were treated with kindness, dignity, respect and compassion while they received care and treatment. Staff listened and involved them in making decisions about their care and treatment. Treatment was fully explained including the cost of treatment, and patients were given enough time to decide and ask questions about their care and treatment before they gave consent.

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

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

The facilities and premises were mostly appropriate for the services that were planned and delivered. Appointment times were scheduled to ensure patient's needs and preferences were met. The practice took account of the needs of different patients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.

Reasonable adjustments such as to the environment, choice of dentist or treatment options were in place. Patients had timely access to urgent treatment and their views were taken into account when planning and delivering services.

**Are services well-led?**

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

# Summary of findings

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Dental care records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

# St Cuthberts Dental Surgery

**Detailed findings**

## Background to this inspection

The inspection of St Cuthbert's Dental Surgery took place on the 13 and 14 August 2015 and was conducted by a CQC inspector and a Specialist Dental Advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice which did not contain any information of concern.

During the inspection we reviewed 40 comment cards, gathered views of 11 patients, spoke with the dentist, dental nurses, hygienists, receptionists and practice manager. We also reviewed policies, procedures and other documents used to run the service.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

We found that all patients attending the practice had a current medical history taken that was updated each time they attended for assessment or treatment. We found that medical histories were updated appropriately.

We reviewed safety records, incident reports and alerts received by the practice. We were told that only one incident had taken place in the last 12 months and this involved a spillage of a cleaning product. We tracked this incident and saw that it was investigated appropriately and learning shared with relevant staff to make sure action was taken to improve safety in the practice.

There were policies and procedures to guide staff such as COSHH and RIDDOR and staff were aware of them

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

We spoke to the practice manager about the reporting of incidents that could occur in a primary dental care setting. This included needle stick injuries and medical emergency incidents. The manager explained that the treatment of sharps and sharps waste was in accordance with the current UK legislation with respect to safe sharp guidelines, thus protecting staff against blood borne viruses.

The practice used a system whereby needles were not re-sheathed following administration of a local anaesthetic to a patient. The dentist was also able to explain the practice protocol in detail should a needle stick injury occur. There had been no contaminated sharps injuries since the introduction of the safer sharp system.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using a latex free 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]. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

All the staff we spoke with had an awareness of safeguarding children and the issues around vulnerable elderly patients who may present with dementia and who required dental care and treatment. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available 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. The practice reported that there had been no safeguarding incidents that required investigation by appropriate authorities.

### Medical emergencies

Training records showed that all staff had received emergency first aid training, as a team, within the past 12 months. Emergency medicines and equipment were available and all staff knew of their location. Medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Emergency equipment seen included 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 and oxygen. All the medicines we checked were in date and fit for purpose. The manager told us they were responsible for ensuring emergency medicines and equipment was available, was within their expiry date and suitable for use but records of checks were not kept. We spoke with the practice manager about this and a template was created during our inspection and audit carried out by a practice nurse.

### Staff recruitment

The dentist and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications/professional registration and employment checks including references. We looked at two staff recruitment files for staff employed since 2013 and records examined showed that both staff had all the required checks except proof of eligibility to work in the UK which did not follow the practice's recruitment policy. The practice manager contacted the staff in question and evidence of eligibility was gained and presented.

# Are services safe?

Staff recruitment records were stored securely. Both clinical and non-clinical staff had evidence of having received a criminal records check through the Disclosure and Baring Service (DBS).

### Monitoring health and safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments. These included fire safety, health and safety and water quality risk assessments.

We were shown the most recent fire safety and health and safety risk assessments that had been carried out in June 2015. Both of these contained associated action plans which we were told had yet to be carried out. For example, the health and safety risk assessment stated that fire marshals should be identified and trained and mains electrical supply testing should be undertaken. We were given assurances that this would be done as a priority

The practice had a dedicated decontamination room where instruments were appropriately treated. This room was not secure which meant it was accessible to unauthorised people.

Arrangements for the fitting of a lock was being made during our inspection and we were sent a copy of a quote for this work the week following our visit which confirmed action was being taken to remedy this.

The practice had a cellar that was accessed by a steep flight of steps down. The cellar was not secure which posed a risk to staff and patients. We saw that the dentist purchased a lock for this door during our inspection and we were assured that this would be fitted quickly.

The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Arrangements were in place to obtain support from another dental practice based locally.

### Infection control

All areas of the practice appeared to be well maintained, clean and fit for purpose. We saw a current infection control policy. This included supporting procedures for staff to refer to, which enabled them to plan and implement infection control measures. For example, personal protective equipment (PPE) which included disposable gloves and aprons was available for staff to use and staff were able to describe how they would use these in order to comply with the policy. Staff were provided with a staff changing room where they could change into appropriate uniforms and PPE. Staff training records showed that all practice staff had completed infection control training within the previous 12 months.

We saw cleaning checklists for each of the practice's treatment rooms. Records confirmed that these checklists were completed by dental nursing staff daily. Hand washing sinks with liquid hand soap, hand cleansing gel and paper hand towel dispensers were available in treatment rooms. Records we looked at confirmed that cleaning of the practice complied with the national patient safety association guidance for the cleaning of dental practices.

Records showed that the practice carried out infection control audits every six months and actions from the most recent audit had been completed.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with guidance from the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. We found that a hallway between treatment rooms and the decontamination room was bare floor boards. By not having a sealed washable floor covering this could increase the risk of infection. We spoke with the dentist about this and the practice manager made contact with a flooring company during our inspection to arrange a quote for remedial work. We were sent a copy of this quote the week following our visit.

A dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments and the packaging and storing of sterilised instruments. Staff wore appropriate PPE which included an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being sterilised.

# Are services safe?

We saw contracts for safe disposal of clinical waste and examined the waste transfer notes which confirmed that contaminated waste was safely removed from the premises.

### Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, portable electrical equipment had been tested in June 2014, equipment inspected in 2015 and the next test was due in June 2016. Fire extinguishers were maintained and tested yearly.

The practice had one vacuum and two non-vacuum autoclaves. Records seen confirmed these were serviced, tested and maintained in accordance with manufacturer's guidelines. A Legionella risk assessment had been carried out at the practice in June 2015 and the recommended procedures contained in the report were being actioned and logged appropriately. Dental unit waterlines were routinely cleaned in accordance with HTM01-05.

The practice had clear guidance regarding dispensing and recording of medicines given to patients.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely and securely in appropriate cabinets for the protection of patients.

### Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).This file contained the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. This included an appropriate IR(ME)R certificate.

The maintenance logs were within the current recommended intervals. Also present in the file was the continuing professional development records of the dentists in relation to IR(ME)R requirements, these were within the recommended interval of five years.

The practice also had an Orthopantomogram (OPG) X-ray machine which was used by this provider. An OPG X-ray machine takes a panoramic or wide view X-ray of the lower face, which displays all the teeth of the upper and lower jaw on a single film. Again we saw local rules were posted and the machine was serviced in line with manufacturer's guidance.

We saw a copy of the most recent radiological audit that demonstrated that radiographs were of grade one standard. A sample of three cases where X-rays had been taken showed that all dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines.

The dentist described to us how they carried out their assessment. 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 the 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 and treatment options explained in detail.

Where relevant, preventative dental information was given to patients in order to improve the clinical outcome. This included smoking cessation advice, alcohol consumption guidance and general oral health advice such as brushing techniques or recommended tooth care products. The dental care record was updated with the proposed treatment after discussing options with the patient. 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.

During the course of our inspection we checked dental care records to confirm the findings. The dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. Details of the treatment included local anaesthetic details including type, the site of administration and batch number and expiry date.

We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out at each dental health assessment.

The records we saw showed that dental X-rays were justified, reported on and quality assured every time.

### Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Adults and children attending the practice were advised how to maintain healthy teeth as part of their consultation. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them.

The sample of dental care records we observed all demonstrated that dentists had given tooth brushing instructions and dietary advice to patients. A dental hygienist was available should a patient opt for this service following careful explanation by the dentist.

### Staffing

The dentist shared a team of staff with two other dentists. The practice employed six hygienists, three dental nurses, three reception staff and a practice manager. We saw there was a structured induction programme in place for new members of staff and records confirmed this was used. We found that six of the 13 staff had received an appraisal in the previous 12 months which meant that seven were outstanding.

We observed a friendly atmosphere at the practice. Staff we spoke with told us that the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the dentists and nursing team as well as by the practice management. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

### Working with other services

Staff worked within their scope of competency and referred patients to other services appropriately. The dentist explained how they worked with other services and told us they were always willing to refer patients to other practices or specialists if the treatment required was not provided by the practice.

# Are services effective?

## (for example, treatment is effective)

They explained that 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. For example, a patient was referred to a local Maxillofacial unit for treatment of an impacted wisdom tooth. Maxillofacial surgeons specialise in the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

### Consent to care and treatment

The dentist demonstrated that they had a clear understanding of obtaining and recording consent. They explained how individual treatment options, risks, benefits 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. We saw examples of consent recorded in patient notes which were stored securely.

The dentist told us how they would take consent from a patient who suffered with any mental impairment, which may mean that they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relevant professionals, relatives and carers 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. (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.)

# Are services caring?

## Our findings

### Respect, dignity compassion and empathy

Treatment rooms were situated away from the main waiting areas which were based over two floors. We saw that doors were closed at all times patients were in the room with dental professional. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

Dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

### Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients we asked told us the dentist was good at involving them in decisions about their care and treatment.

Staff explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. They told us they felt that patients should be given time to think about the treatment options presented to them. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were made clear in the treatment plan.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including a practice leaflet that explained opening hours, emergency 'out of hours' contact details and appointment cancellation arrangements. The practice provided continuity of care to their patients by ensuring they saw the same dentist each time they attended. When this was not possible they were able to see one of the other dentists.

Patients new to the practice were given a welcome pack and were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the dental care record. This was in-line with current best practice.

### Tackling inequality and promoting equality

The practice made best use of the building it occupied by providing a door bell system for patients who presented at the practice and required assistance to get in. Once inside, the ground floor was spacious and fully accessible to wheelchair users, prams and patients with limited mobility. The reception desk had a lower counter in the centre which accommodated wheelchair users without them needing to move to a separate area. Treatment rooms were large and accessible to patients who could transfer from wheelchairs. The practice had an arrangement with the local territorial army building nearby who provided wheelchair accessible toilet facilities as the layout of the building did not allow for level access to the patient toilet.

The practice had commissioned a external company to undertake a disability access audit. This identified that a hearing loop was not available for patients who were hard of hearing. We were told this and other actions identified were work in progress.

### Access to the service

Appointments were available Monday to Thursday between 8.30am and 5pm and between 8.30am and 1pm on Fridays. Appointments could be made in person, by telephone or on-line via the practice website. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning, emailing, writing to patients or sending an SMS text message. We were told that patients could choose their preferred method of contact.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided on a rota basis by a dentist who was on call. If patients called the practice when it was closed, an answerphone message gave the number of the mobile telephone patients should ring. Information was also provided for patients not registered with the practice. This included telephone details for NHS emergency dental support services

### Concerns and complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding.

For example, a complaint would be acknowledged within 72 hours and a full response would be provided to the patient within 25 days. This was seen to be followed. We saw a complaints log which listed three complaints received in the previous 12 months of our inspection. We were told that all of these complaints had been resolved with a satisfactory outcome.

Information for patients about how to make a complaint was seen in the waiting areas of the practice and the patient leaflet.

Lessons learnt and any changes were shared with staff at monthly practice meetings. We asked eight patients if they knew how to complain if they had an issue with the practice. All told us they would know but had never had cause to complain.

# Are services well-led?

## Our findings

### Governance arrangements

The governance arrangements for this location consisted of a practice manager who was responsible for the day to day running of the practice.

We saw a number of policies and procedures in place to govern the practice and we saw that these covered a wide range of topics. For example, control of infection and health and safety. We were shown the most recent risk assessments for fire safety and health and safety and was told that the actions required as a result of these had yet to be carried out.

We noted that management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we saw that these were easily accessible.

### Leadership, openness and transparency

It was apparent through our discussions with the dentist and nurses that the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with one of the principal dentists or the practice manager. They felt they were listened to and responded to when they did so.

Staff told us they enjoyed their work and were well supported by the principal dentists.

### Learning and improvement

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these reflected that standards and improvements were being maintained. For example Infection Prevention Society audits were undertaken every six months in accordance with current guidelines.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Training was completed through a variety of media and sources. Staff were given time to attend local training seminars and sourced other training opportunities online or through professional journals.

### The practice seeks and acts on feedback from its patients, public and staff

The practice had gathered feedback from patients through patient surveys, feedback cards in waiting areas and compliments and complaints. Changes made as a result of this feedback included the addition of chairs with arms in waiting rooms for patients who found rising from sofas difficult and the introduction of children's books.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area and practice leaflet. We reviewed complaints made to the practice over the past 12 months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

All of the staff told us they felt included in the running of the practice and how the dentists and practice manager listened to their opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low. Staff told us they felt valued and were proud to be part of the team.

All staff and dentists working at St. Cuthbert's met every morning at 8.10am for a team briefing before they started treating patients. We were told this was an effective way of passing on messages and information. Weekly meetings were attended by the practice manager and dentist and monthly whole team meetings took place. Minutes were taken for both the weekly and monthly meeting.