

Dr. Martin Adamson

Belle Vue Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 November 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

Belle Vue Dental Practice is in a residential area of Skipton, close to the railway station. There are two ground floor surgeries and two first floor surgeries. There is one reception area and two waiting rooms, one on each floor.

There are two dentists, one dental hygienist, one dental hygiene therapist, four dental nurses (one of which is a trainee), two receptionists and a practice manager.

The practice offers a mix of NHS and private dental treatments including preventative advice, routine restorative dental care, dental implants and endodontic treatments. The practice also accepts referrals from other practices.

The practice is open:

Monday and Friday 08:30– 16:30

Tuesday and Wednesday 08:30– 17:30

Thursday 08:30 – 12:30

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

On the day of inspection we received 50 CQC comment cards providing feedback and spoke to three patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, friendly, organised, fantastic and marvellous and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review where the practice complaints policy is displayed so patients can access the information easily.
- Check all audits have learning points documented and resulting improvements can be demonstrated.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw that staff had received a variety of training in infection control. There were two decontamination rooms and guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff.

We reviewed the legionella risk assessment dated December 2014, evidence of regular water testing was being carried out in accordance with the assessment and this was due for review in 2016.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE).

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH).

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Comments on the 50 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be caring, friendly, organised, fantastic and marvellous and they were treated with dignity and respect in a clean and tidy environment.

Summary of findings

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access through the back door and the practice ensured the back alleyway was always clean and tidy for patients.

The practice had a complaints process which was not easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets and practice information leaflets available on reception.

Are services well-led?

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

There was a clearly defined management structure in place. The registered manager was responsible for the day to day running of the practice and also delegated tasks to the practice manager.

Staff reported that the registered manager was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with her at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly undertook patient satisfaction surveys and was also undertaking the NHS Family and Friends Test.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, patient dental care records and X-rays.

Belle Vue Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 26 November 2015 and was led by a CQC Inspector and a specialist advisor.

We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, the dental hygienist, two dental nurses, a receptionist and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 50 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice had an accident book which had no entries recorded in the last 12 months.

The registered manager told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's policy and procedures in place for child protection and vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist told us that they routinely used a rubber dam when providing root canal treatment to patients. A rubber

dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

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

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

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

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the newest member of staff's files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The 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.

Are services safe?

We recorded that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in January 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. There was no evidence when the COSHH folder had been reviewed although the registered manager assured us this was done annually. If any new materials were implemented into the practice, a new risk assessment was put in place.

The registered manager showed us there had been a fire risk assessment in June 2015. All equipment had been checked in June 2015. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. Two members of staff had received further training in April 2015 to become fire marshals. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a downstairs decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. The upstairs room was for sterilisation of instruments only; all surgeries had ultrasonic baths to pre-clean instruments before transportation to the sterilisation room. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones.

There were two separate sinks for decontamination work in the downstairs room. The procedure for cleaning,

disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

We saw from staff records that all staff had received infection control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap were available in the toilet.

We saw that all sharps bins were used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection within the surgeries; the clinical waste bags were collected straight from the surgeries removing the need for storage. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated December 2014. Due to the practice installing a new

Are services safe?

kitchen the review for the assessment was brought forward to December 2015 so changes could be reviewed. All recommended water testing including hot and cold temperature checks were carried out in accordance to the risk assessment. Staff had received legionella training to raise awareness and the practice manager was the lead for testing and reporting any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in November 2015.

We saw the fire extinguishers had been checked in June 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us that they undertook annual quality audits of the X-rays taken. We saw the results of the July 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB). However, action plans were not in place to continuously improve the procedure and reduce future risks, this was raised with the registered manager and they assured us this would be reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us that they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The dental care records we looked at with the registered manager showed at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists, dental hygienist and dental hygiene therapist were aware of the patients' present medical condition before offering or undertaking any treatment.

There was evidence patient dental care records had been regularly audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in January 2015 where there was no action plan in place and was not clinician specific; this would help address any issues that arose and set out individual learning outcomes more easily. This was brought to the attention of the registered manager to review.

The patient dental care records we looked at with the registered manager found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists and hygienist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and

explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' care records.

Patients' oral health was monitored through referrals to the dental hygienist and dental hygiene therapist and followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records that the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had a dental hygienist and dental hygiene therapist to help support this.

The registered manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

The practice also provided care and information to children including prevention advice through play from ages 6-11. During school holidays the practice held children days where interaction with the dental team was encouraged, themed topics about prevention aimed at specific age groups and competitions took place.

Staffing

We saw all relevant staff were registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to

Are services effective?

(for example, treatment is effective)

maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a registered dental professional.

Staff training was monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and training requirements were discussed at these times staff also felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

Staff told us they worked like a family to help support the needs of other staff members providing availability to help cover period of absence, for example because of sickness or holidays.

Working with other services

The dentists explained they would refer patients to other dental specialists when necessary, for example patients for sedation, minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process

to refer patients when oral cancer was suspected. The registered manager said they had personally built up connections with local services to help efficient and effective treatment for patients.

Consent to care and treatment

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The clinical staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist and dental hygienist informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records were held securely both on paper and on a computer; passwords were regularly changed.

On the day of inspection we received 50 CQC comment cards providing feedback and spoke with three patients. The patients who provided feedback were very positive about the care and attention to treatment they received at

the practice. They told us they were involved in all aspects of their care and found the staff to be caring, friendly, organised, fantastic and marvellous and they were treated with dignity and respect in a clean and tidy environment.

Music was played in the reception area and surgeries to help relax patients before and during their appointments and a fish tank was in the downstairs waiting room.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

Open days for children were in place during school holidays to help support and introduce children to the dental environment.

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect; they would also involve their parents or carer. For patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times.

The dentists and hygienist told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice is open:

Monday and Friday 08:30– 16:30

Tuesday and Wednesday 08:30– 17:30

Thursday 08:30 – 12:30

For patients in need of urgent dental care during normal working hours, the practice offered same day appointments, for example those patients in pain.

Tackling inequity and promoting equality

Two surgeries are located on the ground floor of the building and the other two are on the first floor. Access to the practice was up a set of stairs at the front of the building where a hand rail had been placed to support patients. For patients with mobility requirements the practice had a rear entrance where step free access was available. One of the downstairs surgeries was available for patients needing access to the ground floor and so they could be accommodated each day and see their own dentist.

We saw staff had received equality and diversity training and staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed to the NHS 111 service. Private patients had access to a local on call rota service.

Concerns & complaints

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received no complaints in the last year. There was evidence that historical complaints had been processed in accordance with the policy and in a timely manner; they had been raised at staff meetings to discuss if any changes could be put in place to prevent further complaints.

The practice complaint policy was not displayed in the patients waiting areas; there was a sign to direct patients to reception or the practice manager. It was brought to the attention of the registered manager that easily accessible information about how to complain should be in place for patients.

The staff were aware of the complaints process and told us that they would refer all complaints to the registered manager or practice manager to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff said they were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant. It was evident the practice worked as a team and patients had also commented on this. All staff were aware of whom to raise any issues with and told us the practice manager was approachable to their concerns and would act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice manager and registered manager were aware of their responsibility to comply with the duty of candour and told us they preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date. We saw staff had personal files and showed that training was accessed

through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The practice worked closely with local schools and colleges offering work experience opportunities for anyone wishing to embark on a dental career. The practice had clear policies and procedures in place to support a local work experience programme to help keep visitors safe and raise awareness regarding confidentiality.

A trainee dental nurse programme had been implemented using connections with a local college. The practice told us that some students who wished to become dental care professionals and dentists and had been part of the work experience programme, had now graduated and qualified.

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

The registered manager explained that the practice had a good longstanding relationship with its patients. The practice participated in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 86% of patients asked said that they were extremely likely to recommend the practice to friends and family.

We saw the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.