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Pennine Dental and Medical Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 July 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

Pennine Dental and Medical Care provides private, general dental services to patients of all ages. The team at the practice is led by a dental therapist. Dental therapists are registered dental professionals who carry out certain items of dental treatment direct to patients or under prescription from a dentist. Subject to their training, competence and indemnity, dental treatments can include obtaining a detailed dental history, carrying out a clinical examination (within their competence), periodontal examinations, providing preventive oral care to patients and liaising with dentists over the treatment of caries, periodontal disease and tooth wear.

The practice also employs a dentist, dental nurse and receptionist.

The practice is open Monday to Friday 8.00am to 4.30pm (closed for lunch 1-2pm).

The practice is housed on the ground floor of a converted house. There is one treatment room, a reception/patient waiting area and a dedicated room where reusable dental instruments are washed and sterilised (a process known as decontamination). The practice is accessible to patients with restricted mobility as treatment can be carried out in the ground floor treatment room.

Summary of findings

Forty five people provided feedback about the service. All patients commented positively about the care and treatment they had received and the friendly, polite and professional staff. A number of patients commented on the discussions they had with the dental therapist about their care and treatment; and about how they felt listened to and were made to feel relaxed.

Our key findings were:

- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- There was promotion of patient education to ensure good oral health.
- The appointment system met the needs of patients, and waiting times were kept to a minimum.
- The practice had an accessible and visible leadership team. Staff told us that they felt supported by the dental therapist.
- The practice provided a clean, well equipped environment. However, we noted that the practice's process for cleaning and sterilising reusable dental instruments was not consistent with Department of Health guidance.

Governance systems were effective and there were a range of clinical and non-clinical audits to monitor the quality of services.

- The practice sought feedback from staff and patients about the services they provided.
- The practice had a systematic programme in place for auditing quality and safety including mandatory audits for infection control and radiography; but also additional audits for clinical note taking and health and safety.

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

Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'

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.

Patients' medical histories were obtained before any treatment took place. The dental therapist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

We noted that some elements of the practice's decontamination process did not follow current Department of Health essential quality requirements. For example, the decontamination room did not contain a dedicated hand washing sink and the ultrasonic machine (used to clean reusable dental instruments) had not been serviced, periodically tested or validated. Shortly after our inspection, we were sent evidence which confirmed that the ultrasonic machine had been serviced and validated.

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 such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dental therapist and practice nurse. They provided patients with advice to improve and maintain good oral health. CQC comment card feedback we received was positive regarding the effectiveness of treatments.

Are services caring?

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

CQC comment card feedback was positive about how the practice and staff were caring and sensitive to their needs. Patients also commented positively on how caring and compassionate staff were, describing them as kind, friendly and professional.

Patients were also positive about how staff listened to them and about how staff gave them appropriate information and support regarding their care or treatment. They felt the dental therapist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

Are services responsive to people's needs?

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

Summary of findings

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

The treatment room at the practice was on the ground floor. The waiting room, patient toilet and treatment room were accessible to patients who had restricted mobility.

Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Pennine Dental and Medical Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 22 July 2015 led by a CQC inspector and a specialist advisor.

On the day of our inspection we looked at practice policies and protocols, five dental care records and other records relating to the management of the service. We spoke to the principal dental therapist, dental nurse and receptionist. Forty five people provided feedback about the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dental therapist or the practice manager. Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.

Staff had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the practice manager.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

All staff at the practice were trained in safeguarding and the dental therapist was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by their continuing professional development files. A readily accessible policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents at the surgery since the provider had registered with the Care Quality Commission in 2013.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw dental care records which confirmed that new patients were asked to complete a medical history and this was confirmed by the feedback we received. These were reviewed at each appointment. The dental therapist was aware of any health or medication issues which could affect the planning of a patient's treatment such as any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts (such as allergies) were recorded on the front of the patient's dental care record.

Medical emergencies

There were arrangements in place to deal with foreseeable medical emergencies. We saw that the practice had emergency medicines and oxygen (although we noted that child sized masks were not available). We were told that an automated external defibrillator (AED) was on order, in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF). 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.

All staff had been trained in basic life support including the use of the defibrillator and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. We looked at the personnel file of the dental nurse and found that the process had been followed. However, there were no references on file for the receptionist. The provider made the external request from the staff member's previous employer and these were forwarded to the provider whilst we were on the inspection.

Staff at this practice were qualified and registered with the General Dental Council GDC. There were copies of current registration certificates and personal indemnity insurance (this is Insurance which professionals are required to have in place to cover their working practice).

Are services safe?

Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2014 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations there had been a COSHH risk assessment undertaken for certain materials used at the practice, to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment room. However, we noted that sharps bins were not signed and did not have an assembly date.

Infection control

Patient feedback was positive regarding cleanliness and the overall practice environment. There were systems in place to reduce the risk and spread of infection. Staff routinely used personal protective equipment (PPE) such as aprons, masks and gloves.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines although we observed that sharps containers were not labelled. This mitigated the risk of staff against infection. The practice had a policy on dealing with sharps injuries and staff members' explanation of what they would do in the event of a sharps injury was consistent with the policy. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Staff we spoke with demonstrated an understanding of some elements of safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05). For example, staff were aware of the maximum storage times for pouched, decontaminated dental instruments.

However, we also noted areas where improvements were required. For example, the practice was not using a suitable detergent designed for the manual cleaning of dental instruments and we also noted that water temperature was not being recorded (a temperature of 45 degrees Celsius or higher inhibits removal of debris). This was not in accordance with HTM 01-05 essential standards. We also noted that the practice also did not have a documented policy for manual washing of reusable dental instruments.

Weekly and monthly records were kept of decontamination cycles and tests. However, the practice was not undertaking daily validation tests of its autoclave sterilising machine in accordance with manufacturer recommendations. The practice agreed to immediately commence daily validation tests.

The practice had undertaken an infection control audit in May 2015 but we noted inconsistencies in the audit results. For example, audit results stated that sharps bins were labelled with the date of assembly but when we inspected we noted that this was not the case.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturer's instructions. However, the ultrasonic cleaning machine had not been serviced or validated.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria (Legionella is a particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. However, we noted that the provider had not acted on the risk assessment's recommendations regarding regular recording of water temperature.

We brought the above matters to the attention of the practice and shortly after our inspection, we were sent an update on actions taken. For example, we were advised that the dental therapist and dental nurse had attended infection prevention and control training. We were also advised that the practice was now using an appropriate detergent designed for the manual cleaning of dental instruments and that water temperatures were being recorded. Daily autoclave tests were taking place in accordance with Department of Health guidelines. We were also sent confirming evidence that the ultrasonic machine had been serviced and validated.

Are services safe?

Equipment and medicines

We were shown a file of risk assessments covering many aspects of clinical governance. These were well maintained and up to date. The practice manager had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice such as the x-ray sets and the compressor were maintained in accordance with the manufacturer's instructions. This confirmed to us that all the equipment was functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These drugs were stored safely for the protection of patients.

Radiography (X-rays)

Individuals were named as radiation protection adviser (RPA) and radiation protection supervisor (RPS) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with a three yearly maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with the dental therapist the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We observed a sample of five dental care records where dental X-rays had been taken. The records showed that dental x-rays when taken were justified and reported in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000). The records contained a quality assurance grade, and all X-rays had been graded '1' because there were no positioning or processing errors evident. We saw X-ray holders in the treatment rooms. These ensure good placing in the patient's mouth which contributed to good quality images. The X-rays were correctly mounted and labelled in accordance with current guidelines.

Dental X-rays were prescribed according to current selection criteria guidelines with the practice having their own written protocol in place. To prevent patients receiving dental X-rays at inappropriate intervals, the dental therapist recorded electronically when previous X-ray assessments had been carried out. When X-rays were taken, the records showed that the reasons for taking the X-rays and the findings were recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dental assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included 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.

Patient feedback was positive regarding patients feeling informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dental therapist provided patients with advice to improve and maintain good oral health. For example, a patient we spoke with told us that they were well informed about the use of fluoride paste on oral health. Comment card feedback was also positive regarding advice on oral health. Staff were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The dental therapist's role included treating gum disease and giving advice about the prevention of decay and gum disease such as advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time. All staff had carried out basic life support training within the last twelve months. They trained together at the practice to ensure they knew their roles and responsibilities should an emergency arise.

Records showed staff were up to date with their continuing professional development (CPD). All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration. Staff records showed professional registration was up to date for all staff and that they were all covered by personal indemnity insurance.

We were told there had been no instances of the dental therapist working without appropriate support from the dental nurse.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment.

The practice referred patients for secondary (hospital) or community dental care when necessary. For example for assessment or treatment by oral surgeons or for patients whose behaviour challenged the service. Referral letters contained detailed information regarding the patient's medical and dental history.

The dental therapist explained the system and route the dental team would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. They also explained how advanced periodontal cases were referred for specialist treatment. Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Comment card feedback highlighted that the dental therapist was good at explaining treatments and we noted that these discussions were recorded in patient's dental care records. Patients were provided with a written treatment plan for every treatment; this included information about the financial

Are services effective?

(for example, treatment is effective)

and time commitment of their treatment and an outline of the possible risks. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

Staff were aware of the requirements of the Mental Capacity Act 2005. For example, the dental therapist told us how they would manage a patient who lacked the capacity to consent to dental treatment (such as a patient with a learning disability). They explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient. Where patients did not have the capacity to consent, the dental therapist acted in their best interests and all patients were treated with dignity and respect. 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.

The dental therapist also demonstrated a good understanding of Gillick competencies (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Patient feedback was positive regarding how they were informed about their treatment and about how they were given time to consider their options before giving their consent to the different stages of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from forty five patients. All patients commented positively about the caring and compassionate staff, describing them as friendly, kind and professional. A large number of patients commented positively about staff interaction which helped ensure that they were relaxed and felt comfortable.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. Records were held securely.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contacted them at home later that day or the next day, to check on their welfare.

Comment card feedback highlighted that patients felt listened to by all staff; and that staff were polite, respectful and reassuring in all situations. When we spoke with staff, they told us about the various approaches they used to reassure nervous patients.

We noted that the reception/patient waiting area was small which potentially meant that patients could overhear appointment arrangements being made. On the day of our inspection, there were no patient appointments but the receptionist outlined the steps they routinely undertook to ensure that patient confidentiality was maintained.

Involvement in decisions about care and treatment

We saw information about private fees and the health plan offered displayed in the reception area. When we reviewed dental care records they showed that patients were given choices and options with respect to their dental treatment in language that they could understand.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dental therapist told us that they rarely carried out treatment the same day unless it was considered urgent. Where a treatment was identified, the practice told us that they also routinely explained to patients the implications of not taking any action. This allowed patients to consider all options, risks, benefits and costs before making a decision to proceed.

The patient we spoke with felt involved at every stage with the planning of their treatment and also during treatment. They felt confident in the treatment, care and advice they were given.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice used a variety of methods for providing patients with information. These included a patient welcome pack given to patients when they joined the practice. The welcome pack contained detailed information about what patients could expect in terms of standards of care and treatment. The pack also had details about professional charges, opening times and how to raise concerns about the level of care provided.

The welcome pack asked patients to complete a comprehensive medical history and undertake dental questionnaire. We were told that the dental therapist went through the completed questionnaire to ensure that the practice was collecting all relevant important information about patients' previous dental and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns which helped to direct the dental therapist in providing the most effective form of care and treatment for them.

Tackling inequity and promoting equality

The practice entrance offered step fee access. The treatment room and waiting room were all located on the ground floor and were accessible to patients who had restricted mobility. However, the patient toilet was not wheelchair accessible.

The dental therapist explained how they supported patients with additional needs such as a learning disability. For example, they ensured patients were supported by their carer and that there was sufficient time and use of appropriate language to ensure that the care and treatment was explained in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The practice opening hours were Monday to Friday 8.00am to 4.30pm (Thursdays until 8pm). Outside of these hours the practice had subscribed to a call handling service whereby patients spoke with an operator who took their details and forwarded them to the practice. There were also arrangements in place for promptly dealing with dental emergencies.

Concerns & complaints

All of the Care Quality Commission (CQC) comment cards completed were complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice information leaflet and available in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and discussed with the dental therapist at the end of the session. None of the patient comment cards we reviewed had had reason to use the complaints system or had felt the need to complain. We were told that no written complaints had been received in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The practice statement of purpose indicated the overall ethos of the practice was to provide a professional and caring environment to their patients to enable carrying out of dental treatments; and that staff training was integral to delivering on this ethos.

Leadership, openness and transparency

There was clear leadership in the practice. The registered manager who was also the dental therapist partner of this service provided clinical leadership to all staff and had lead responsibility for areas such as safeguarding and X-rays. The practice manager was responsible for human resources, policies, procedures and risk assessments. We found that policies, procedures and risk assessments were in place to support the running of the service. We spoke at length with the dental therapist who had a clear understanding of governance and their role and responsibilities.

The dental therapist was also responsible for the day to day running of the service. They led on the individual aspects of governance such as risk management and audits within the practice. There were some systems in place to monitor the quality of the service. For example, there was ongoing monitoring of X-rays to ensure consistent quality. We also noted that the practice had a structured audit plan; undertaking for example quarterly record keeping audits and tabling results at team meetings so as to agree improvements to the service.

The dental nurse told us there was an open culture within the practice and that they had the opportunity and were confident to raise issues at any time. The culture of the practice encouraged candour, openness and honesty.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk. The dental nurse told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were well maintained and up to date. We also reviewed a number of policies which were in place to support staff. This included a whistleblowing policy.

Learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment. Staff we spoke with on the day of the inspection felt they always received all relevant information.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

A number of clinical and non-clinical audits had been commenced where improvement areas had been identified. Any findings identified were cascaded to all staff at regular team meetings.

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

Patients who used the service had been asked for their views about their care and treatment. The practice sought continuous patient feedback through a comments box in reception and we noted that these were routinely discussed at team meetings. Comments were positive with no respondents making any suggestions for any improvement.

We were told that no complaints had been received in the last twelve months but that complaints received would be reviewed at monthly staff team meetings to identify learning opportunities.

The dental nurse and receptionist told us their views were sought informally and also formally at team meetings. They told us their views were listened to and that they felt part of a team.