

PJS Care Limited

# Woodlands Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 30 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

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 form the framework for the areas we look at during the inspection.

### **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**

Woodlands Dental Practice is close to the centre of Birkenhead and provides dental care and treatment to adults and children on an NHS and privately funded basis.

The practice is located in a purpose built premises and has a ramp to facilitate access to the practice for wheelchair users. The practice has six treatment rooms. Car parking is available in the practice's own car park adjacent to the building.

# Summary of findings

The dental team includes two principal dentists, four associate dentists, a foundation dentist, two dental hygiene therapists, 16 dental nurses, one of whom is a trainee, a sterilisation assistant and two receptionists. The team is supported by two practice managers.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Woodlands Dental Practice is one of the principal dentists.

We received feedback from 29 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to five dentists, several dental nurses, receptionists, the sterilisation assistant and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 8.30am to 5.30pm

Thursday 8.30am to 5.00pm

Friday 8.30am to 4.15pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had systems in place to help them manage risk.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children. Staff had put in place additional measures to ensure vulnerable patients received the support they needed.
- The practice had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.

- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a strong leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided and valued their opinions.

We identified the following areas of notable practice. We believe these to be notable practice worth sharing.

The practice showed a commitment to the overall safety and wellbeing of the people who use the service which had a positive impact on patients. The practice had taken additional local measures to ensure that staff identify safeguarding issues correctly, discuss and monitor them sensitively and take action where appropriate.

- Staff maintained a log of vulnerable patients to ensure they were supported in the long term. The practice carried out regular scheduled reviews of these patients to ensure the best efforts were being made to support them and to ensure appropriate assistance was available for them should they wish it.

The practice provided training for staff in skills the provider considered necessary to meet the needs of people using the service.

- The principal dentists were committed to improving together as a practice. Training was arranged for role-specific groups of staff with the aim of providing care and treatment of a high, consistent standard across the practice.
- The practice meetings included a training section. All staff met together for the information section then broke into smaller role-specific groups for training to allow staff to learn at their own pace in an informal, more supportive environment.

The practice demonstrated a commitment to improving access to dental care and tackling oral health inequalities for people living in vulnerable circumstances.

# Summary of findings

- The principal dentist had looked at the reasons stopping people attending a dentist. Anxiety was identified as one of these. The practice put in place arrangements to help anxious patients to attend, for example, anxious patients were given a choice of the first appointment of the session so they did not have to wait in reception for a long time. They were also offered an initial appointment with one of the dental hygiene therapists to help build their confidence and support them to make an appointment with one of the dentists. Clinicians also taught patients relaxation techniques.
- The practice provided dental care to a group of refugees. Staff organised for treatment rooms to be available on certain days and arranged for interpreters

to attend on those days. The refugees were welcomed to the practice as a group and as patients. They were then given the choice of being seen by the dentist on their own or accompanied by a family member or friend to discuss their individual needs and treatment.

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

- Review the availability of equipment to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK), and the General Dental Council, specifically in relation to the availability of a child sized self-inflating bag and mask.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had put in place additional measures to monitor and review patients who could be at risk and offer them appropriate support and assistance.

Staff were qualified for their roles, where relevant. The practice completed thorough recruitment checks before employing staff.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

We found that the practice had systems in place for the safe use of X-rays.

The practice had suitable arrangements for dealing with medical and other emergencies. We found that the practice did not have a child sized self-inflating bag and mask available. Following the inspection the practice assured us this had been ordered.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and provided with great care. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Staff worked with external organisations, such as GPs and nurseries to ensure the best health outcomes were achieved for the patient.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice had a strong focus on training and supported staff to complete training relevant to their roles and had systems in place to monitor this. Training was provided to develop staff individually and to ensure care and treatment at the practice was delivered to a consistently high standard.

No action



### Are services caring?

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

No action



# Summary of findings

Patients were positive about all aspects of the service. They told us staff were welcoming, helpful and supportive. They said that they were given easy to understand, honest explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff made them feel comfortable and at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

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

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services and had arrangements in place to help patients with sight or hearing loss.

The practice had put arrangements in place to help anxious patients and vulnerable people who could not easily access dental care.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action** 

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

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

The practice had robust arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided. We saw clear evidence of forward planning to make sure this was continued in the longer term.

There was a clearly defined management structure and staff felt supported and appreciated.

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

We found that the practice's ethos was to keep improving and we saw clear examples of processes in place to identify where improvements could be made.

The practice valued patient and staff feedback and regularly asked for and listened to the views of patients and staff.

**No action** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We saw clear examples of improvements to the service following incidents.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns. We noted that the staff with the lead roles in safeguarding were trained to a higher level.

Following safeguarding training three years before, the practice reflected on what they could do better to safeguard their patients. One of the staff took a lead role in developing a process to help them look after patients who were vulnerable and could be at risk. Staff could raise early concerns within the practice team about a patient's safety or well-being where appropriate. In addition to taking any immediate action, if necessary, staff maintained a log of these patients to ensure they were monitored in the long term, and offered appropriate support and assistance.

The lead member of staff and clinicians reviewed the log regularly together. Any appropriate action was taken or followed up, for example, liaison with external agencies such as community nurses, or leading and participating in multi-disciplinary case reviews. Staff had clear supporting guidance in place in relation to what information could be

shared with team colleagues and with other organisations. Staff described an example whereby they arranged social services support, with the patient's consent, for a vulnerable adult patient who was having difficulty managing their living circumstances.

The lead member of staff told us they were aware that patients seek their support and advice more readily as a result of this.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for providing safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and dental implants and found these were in accordance with recognised guidance.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year.

The practice had most of the recommended emergency equipment and medicines available, with the exception of a child self-inflating bag and mask. Following the inspection the practice assured us this had been ordered. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

### Staff recruitment

The practice had robust staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure, carried out the essential pre-employment checks, and retained all the relevant documentation.

# Are services safe?

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygiene therapists and dental nurses, to deliver care in the best possible way for patients.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

## **Monitoring health and safety and responding to risks**

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, fire, and specific dental practice risks, for example, Legionella. Staff reviewed risk assessments every year. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. Systems were in place to check staff immunity.

Dental nurses worked with all the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

## **Infection control**

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health. Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

## **Radiography (X-rays)**

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

We saw that the dentists were thorough in assessing patients' individual needs and providing their care and treatment on a person-centred basis. We found staff were knowledgeable about health conditions and medicines which could affect a patient's oral health. We saw numerous examples where the dentists had liaised with patients' GPs with the patient's consent, to ensure they jointly achieved the best outcome for the patient, for example, where patients had complex health issues, long term conditions or were taking numerous medications. We saw that detailed tailored advice was provided to these patients about prevention of dental disease and they were closely monitored.

### Health promotion and prevention

The practice had a strong focus on preventative care and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice had large screens in the reception areas providing information for patients on NHS charges, optional treatments and prices, and oral health information.

The practice engaged with their local NHS England team in participating in oral health improvement initiatives, such as the reduction of decay in over 55s through use of high fluoride treatments.

Staff also described to us their participation in the Department of Health objective to provide a dental check-up for all children by the time they were one year old. One of the dental nurses took a lead role in this and compiled a list of places where information could be provided about this scheme, for example, nurseries and GP surgeries. Staff distributed targeted information about check-ups for children and childrens' oral health to these places and made contact with health visitors who also provided the advice on their visits.

Children attending for check-ups were given a toothbrush and toothpaste.

### Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The practice had a strong focus on training and development. We saw training was provided from the initial appointment of staff, for example, information governance training, and as part of their on-going professional development, for example, three nurses had completed enhanced skills training in radiography. Additional training was provided for staff with lead roles and for staff who assisted with more specialised treatments, such as dental implants.

One of the principal dentists was involved in teaching and research at three dental hospitals, and was able to share developments from this with the whole team. One of the dentists had experience in teaching and training dentists and in research, including collaborating with three different universities. We saw that learning from this was shared with colleagues and used to support staff with their career progression.

The principal dentists were committed to improving together as a practice. One of their aims was for staff to train together as a team to ensure that standards of care and treatment at the practice were consistent and to a high standard. The principal dentists were also keen to ensure that all staff received the same opportunities and that training was delivered in a supportive environment. We saw that all staff had recently participated in a full day of training at the practice in infection prevention and control with an external adviser.

We saw that the principal dentist had arranged for the practice's dentists to train together as a team with an

# Are services effective?

(for example, treatment is effective)

endodontist, with the aim of providing the best standard of root treatment to all patients whether NHS or private. The training was arranged to take place when the practice was quieter to minimise disruption to the service. We saw training was currently being planned and arranged for the dental nurses and administrative staff while the dentists were training.

Staff explained that the practice meetings included training also. All staff met together for the information section then broke into smaller role-specific groups for training at their own pace.

The practice provided a yearly placement for a newly qualified dentist on the Foundation Dentist scheme. Two of the dentists were mentors with the Foundation Scheme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored staff training to ensure essential training was completed at the appropriate time.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

## **Working with other services**

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

## **Consent to care and treatment**

The practice team demonstrated an excellent understanding of the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff described to us examples of how they had supported patients to understand treatment, for example, where appropriate, they had arranged for family members to attend the patient's dental appointment or liaised with the patient's GP.

The policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, understanding and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

The layout of reception and the waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and explained that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. Dentists described to us the conversations they had with patients to help them understand their treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice was maintained to a high standard and the provider had a comprehensive on-going refurbishment plan in place. The team aimed to provide a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice was accessible to wheelchair users, including the patient toilet facilities. Four of the treatment rooms were located on the ground floor. A section of the reception desk was at an appropriate height for wheelchair users.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had a hearing impairment, for example, a hearing induction loop was available, and appointments could be arranged by email or text.

Larger print forms were available on request, for example, patient medical history forms.

The practice had its own large car park outside the building for patients.

One of the principal dentists had completed a postgraduate qualification in public health and had looked into ways in which vulnerable groups of people could access dental care more easily.

- The principal dentist had looked into what issues stopped people attending a dentist with the aim of encouraging them to attend. Anxiety was found to be one of the issues. Staff put in place arrangements to help anxious patients to attend, for example, anxious patients were given a choice of the first appointment in the morning or afternoon session so they did not have to wait in reception for any length of time. They were also offered an initial appointment with one of the dental hygiene therapists to help build their confidence and support them to make an appointment with one of the dentists. Clinicians also taught relaxation techniques to patients.
- The practice provided dental care to a group of refugees, many of whom were anxious about visiting the dentist and most of whom did not speak English. Staff initially organised for three treatment rooms to be available on certain days and arranged for interpreters to attend on those days. The refugees were welcomed to the practice as a group and as patients. They were then given the choice of being seen by the dentist on their own or accompanied by a family member or friend to discuss their individual needs and treatment.

### Access to the service

The practice displayed its opening hours on the premises, in the practice's information leaflet and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice

# Are services responsive to people's needs?

(for example, to feedback?)

information leaflet explained how to make a complaint. The practice managers were responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice managers to ensure the patient received a quick response.

We observed that information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We saw that complaints were fully investigated and every effort was made to secure the best outcome for the patient and their individual needs.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

The practice was a member of a practice certification scheme which promoted good standards in dental care.

Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice. Staff were allocated additional areas of responsibility. We saw staff had access to suitable supervision and support for their roles and responsibilities.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

The practice had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate risks.

Staff were aware of the importance of the practice's information security arrangements in protecting patients' personal information.

### Leadership, openness and transparency

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. We saw clear evidence of forward planning to ensure good governance and leadership were sustained in the long term.

The practice owners produced plans setting out the aims and objectives for the practice for each three year period. One of the aims was to identify the strengths and weaknesses of all the staff and to match them with the service needs.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information. Management team meetings were also held monthly.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

### Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We observed that the practice made extensive use of auditing to help them monitor and improve the service. We reviewed a wide range of audits. Staff kept records of the results of these and produced action plans where necessary. Re-auditing was carried out quickly, where appropriate, to ensure improvements had been made. We saw the auditing process was working well.

The principal dentist told us the practice's ethos and culture was to keep improving and we saw clear evidence of this. The whole practice was committed to this aim. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning and career development.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and the NHS Friends and Family Test. Patients were actively encouraged to provide feedback on the practice's website and via social media. A summary of patient survey results was displayed on the information screen and patient notice board in the waiting room for patients to read.

One of the principal dentists used some of their non-clinical time to introduce himself to patients in the waiting room and speak to them in person about their experiences of the service and how it could be improved.

We saw that the provider acted on patient feedback.

## Are services well-led?

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff were consulted for their views on the practice's three year plan before it was finalised.

Staff explained that the practice meetings were planned to allow all staff the opportunity to provide their views. All staff met together for the information section, then broke

into smaller role-specific groups for training. While in their smaller groups they discussed items on the meeting agenda to encourage all staff to have an equal opportunity to put their view across in a more informal, supportive environment. All the staff then met together again and these views were fed back.

We saw clear examples of strong internal peer support for all staff and strong links with external agencies.