Mr. Richard Parker

Battle Hill Dental Practice - Hexham

Inspection Report

11 Battle Hill
Hexham
NE46 1BA
Tel: 01434602678
Website: www.hexhamdentist.co.uk

Date of inspection visit: 27 September 2016
Date of publication: 08/11/2016

Overall summary

We carried out an announced comprehensive inspection on 27 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Battle Hill Dental Practice is situated in Hexham, Northumberland. The practice is housed within a grade II listed property and consists of two treatment rooms, an open-plan reception and waiting area with children's' toys , a second waiting room upstairs, a dedicated decontamination room for sterilising dental instruments and a storage/staff room. There are 'disabled' car parking bays close to the premises and several other spaces in two pay and display car parks nearby. Access for wheelchair users or pushchairs is possible throughout the ground floor of the practice.

Dental professionals at Battle Hill Dental Practice provide both National Health Service (NHS) and private treatments. Adults are treated under a private plan or fee per item basis whilst children receive free NHS treatment. Services include general dentistry, hygienist treatment and orthodontics.

The practice's opening hours are: Monday and Thursday: 0900-1730, Tuesday and Wednesday: 0900-1700 and Friday: 0800-1300.

The dental team is comprised of the principal dentist, two qualified dental nurses, a receptionist and a dental hygienist.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

We reviewed 27 Care Quality Commission (CQC) comment cards on the day of our visit. Patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- All staff were welcoming and friendly.
- The practice was well organised and the premises was visibly clean and free from clutter.
- An infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- The practice was actively involved in promoting oral health.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Patient feedback was regularly sought and reflected upon.
- Complaints were dealt with in an efficient and positive manner.

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

- Review the practice's recruitment policy and procedures in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including immunisation status, indemnity and references, are suitably obtained and recorded.

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?

No action

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Emergency medicines and equipment were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We saw the practice was storing their Glucagon (used for diabetic emergencies) in the fridge and they were not actively monitoring the fridge temperatures as recommended by the manufacturer's guidance. The provider assured us they would implement this immediately.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

Are services effective?

No action

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

Dental professionals were involved in promoting oral health and followed guidance from the National Institute for Health and Care Excellence (NICE) and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner. We saw the practice had consent forms that were tailored to specific treatments, for example, for Orthodontic treatment.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Are services caring?

No action

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 27 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept in lockable cabinet and computers were password protected.

Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

No action

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The downstairs treatment room allowed for wheelchair users and people with push chairs to be treated.

Patients had access to telephone interpreter services when required and the practice implemented a range of aids for different disabilities such as pens with various grips, magnifying pens and cheque signature guides. The practice was also considering installing an induction loop system to aid in hearing.

Are services well-led?

No action

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

We found there were strong support systems in place to ensure the smooth running of the practice.

The principal dentist was on-site every day of the week and there were dedicated leads within the practice (for example in infection prevention and control) as well as various policies for staff to refer to.

The practice kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions. We found there were no formal records of this.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Battle Hill Dental Practice - Hexham

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 took place on 27 September 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered provider (principal dentist), two qualified dental nurses and the receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents or incidents recorded by the practice within the last twelve months however we saw evidence of accurate records from previous years.

Staff meetings take place every month where various aspects of the practice, including any accidents or incidents, are discussed so as to enable staff learning. We saw minutes of meetings from the last 12 months reflected a range of subjects being discussed.

The lead dental nurse showed us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Any relevant alerts were promptly being distributed to all dental professionals and the receptionist.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Dental professionals preferred to use rubber guards and traditional syringes and so the practice had carried out a sharps risk assessment as part of their overall practice risk assessment; this was reviewed and updated in September 2016.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told us their practice protocol and were confident to respond to issues should they arise. The principal dentist was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (August 2016).

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to respond to 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 the heart 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 in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We found the the practice did not have two of the four sizes of oropharyngeal airways which would support breathing in an unconscious person. We advised the lead dental nurse of this and received evidence of these being ordered on the inspection day.

All staff knew where these items were kept. We checked the emergency medicines and found they were of the recommended type and were all in date.

Are services safe?

We saw the practice did not keep logs which indicated the emergency equipment, emergency medical oxygen cylinder and AED were checked weekly as recommended by the Resuscitation Council (UK). This would help ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. The lead dental nurse confirmed this would be recorded from now forward.

We saw the practice was storing their Glucagon (used for diabetic emergencies) in the fridge though they were not actively monitoring the fridge temperatures as recommended by the manufacturer's guidance. We were assured this would be implemented immediately.

Staff recruitment

We reviewed the staff recruitment files for five members of staff to check that appropriate recruitment procedures were in place. We found the practice did not hold all required documents on-site including proof of identity, qualifications, immunisation status, indemnity and references. We saw staff had, where necessary, a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

Shortly after the inspection, we received evidence of all documents that were not available on the inspection day. This included staff immunisation status and indemnity.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were all reviewed in 2016 in accordance with the relevant legislation and guidance.

COSHH files are kept to ensure providers retain information about the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accidents) and risk assessments for all materials as required by the Health and Safety Executive.

The practice had one fire exit; clear signs were visible to show where evacuation point was.

We saw annual maintenance certificates of fire alarms, emergency lighting and firefighting equipment, including the current certificate from October 2015. The practice had annual fire drills to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur; this was reviewed annually.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

A Legionella risk assessment was carried out in 2011 which showed the practice had a very low risk of Legionella (Legionella is a term for particular bacteria which can contaminate water systems in buildings and a risk assessment quantifies this). The assessor had reported no control measures were required and a re-assessment was to be carried if anything had changed within the building. Staff confirmed nothing had changed since 2011.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site.

Are services safe?

Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

Designated practice staff carry out daily environmental cleaning. We observed the practice used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for X-ray machines in June 2015, sterilisation equipment in February 2016 and Portable Appliance Testing (PAT) in August 2011 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). Staff were performing visual inspections of all portable appliances annually since 2011.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The registered provider showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from May 2016 were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

The Orthodontists carried out a detailed assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene and diet. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure the patient was complying with the post-orthodontic care (wearing retainers).

Patients were advised of the findings and any possible treatment required.

The dentist told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The principal dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

The dentist we spoke with confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each

Are services effective?

(for example, treatment is effective)

patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

We saw the practice had consent forms that were tailored to specific treatments, for example, orthodontic consent forms which contained information associated with the provision of orthodontic appliances.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence.

The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 27 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to an empty surgery or the second waiting room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept in lockable cabinets. Computers were password protected, backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff were confident in data protection and confidentiality principles and we saw evidence confirming all staff had undertaken Information Governance training.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including a practice information folder, practice opening hours, emergency 'out of hours' contact details, complaints policy, safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had made reasonable adjustments to prevent inequity for various patient groups. The practice was part of a local disability access audit in 2011 which was updated annually. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. The practice implemented a range of aids for different disabilities such as pens with various grips, magnifying pens and cheque signature guides and was also considering installing an induction loop system to aid in hearing. The practice did not have a ground floor toilet accessible for wheelchairs or people with disabilities. Patients were informed of this where necessary and provided with alternative practice details nearby.

Access to the service

The practice's opening hours are: Monday and Thursday: 0900-1730, Tuesday and Wednesday: 0900-1700 and Friday: 0800-1300. These timings were displayed in their premises, in the practice information leaflet and on the practice website. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received no complaints in the last twelve months.

Are services well-led?

Our findings

Governance arrangements

The lead dental nurse provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by various staff on an annual basis and updates shared to support the safe running of the service.

The lead dental nurse kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the Control of Substances Hazardous to Health (COSHH) file, their practice risk assessment, health and safety risk assessment and fire risk assessment. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The overall leadership was provided by the registered provider (principal dentist). The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

Clinical and non-clinical audits were apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Audits were carried out by various members of staff. Topics included radiography, infection prevention and control, orthodontics, oral cancer referrals, patient satisfaction surveys and record keeping audits. We saw audits were documented with results and action plans clearly detailed. A regular audit cycle was apparent for all topics.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out on an annual basis.

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

The practice had systems in place to seek and act upon feedback from people using the service.

Patients were encouraged to provide feedback on a regular basis via the suggestions box and encouraged to complete the practice's satisfaction survey and NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Survey results were displayed in reception to show patients how their views have been considered. We saw the results from August 2016; 100% of patients would recommend the practice to others.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager however there were no formal staff satisfaction surveys. The dental nurse lead agreed this would be beneficial and would initiate this as soon as possible.