

Mr Bruno Silva

Brighton Implant Clinic (Worthing Branch)

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 March 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.

Brighton Implant Clinic (Worthing Branch) is a general dental practice in Worthing, West Sussex, offering private dental treatment, including implants, to adults and children.

The practice is situated in the centre of Worthing. The practice has eight treatment rooms (six of which are in use), a decontamination room for the cleaning, sterilising and packing of dental instruments, a consultation room, a waiting area and a reception area. The main entrance to the practice is located on the first floor via a lift or stairs. The practice is contained on one floor and there is full disabled access to all areas. There is a disabled toilet and separate male and female toilets close to the waiting area.

The practice is open Monday to Friday 8.30am to 5.00pm.

Brighton Implant Clinic (Worthing Branch) has eight dentists, seven dental nurses (five of whom are trainees), one hygienist and one receptionist. The team are supported by a practice manager.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 40 completed cards. All of the comments cards provided a positive view of the service the practice

Summary of findings

provides. Patients commented that staff were professional, friendly and caring. Several patients commented that the practice was hygienic and safe. Five patients felt that they were treated with respect.

Our key findings were:

- There were systems in place to reduce the risk and spread of infection. The practice was visibly clean and well maintained.
- There were systems in place to check all equipment had been serviced regularly, including the steriliser, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice had limited systems in place to gain the comments and views of people who used the service.
- Patients were satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- We observed that staff showed a caring and attentive approach towards patients. All patients were recognised and greeted warmly on arrival at reception.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff were proud of the practice and their team. Staff felt well supported and were committed to providing a quality service to their patients.

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

- Review the practice's accessibility of protocols and documents for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role giving due regard to guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review the system of formal staff meetings including the recording of staff meeting minutes to ensure that any learning points are documented and monitored.
- Review the process of collecting and analysing patient feedback and establish an effective system of taking patient's comments and views into account.
- Review the process for the on-going appraisal and supervision of all staff and review at appropriate intervals the training, learning and development needs of individual staff members.
- Review the arrangements for all staff to receive formal fire training and Mental Capacity Act training.

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 in place to assess and manage risks to patients. There were processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

However, records showed that only some staff had attended formal fire training in November 2014. The area manager told us that new members of staff had received a verbal explanation of the practice's fire procedures and did not receive formal fire training.

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care, report of an expert group on sedation for dentistry, Department of Health 2003, in the delivery of patient care. However, the provider was not able to provide a copy of their sedation protocol, a sedation checklist and an information leaflet for patients undergoing sedation at the practice. Dental nursing staff who were assisting in conscious sedation had not undergone a formal external training course to support them in carrying out their role.

Are services effective?

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included accurate details of treatment provided. We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs. However, some members of staff had not received a formal appraisal within the last year.

Are services caring?

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with care and staff were helpful and attentive. The practice had a basic system in place to gain the comments and views of people who used the service. Four completed satisfaction surveys had been completed by patients since June 2014. However, there were no dates on any of the surveys. We noted that the surveys had not been analysed or collated. Therefore, improvements which had been put into place as a direct result of patient feedback were limited.

We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

Summary of findings

Are services well-led?

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

The practice had effective clinical governance and risk management structures in place. There was a basic method in place to seek feedback from patients using the service. However, patient feedback was not consistent and the results had not been analysed and collated.

The practice undertook regular meetings involving all of the staff at the practice. However, full minutes from staff meetings and actions to be taken had not been recorded. We observed good support from the practice manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

Brighton Implant Clinic (Worthing Branch)

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 1 March 2016 by a lead CQC inspector and a dental specialist advisor.

During the inspection we spoke with three dentists, three dental nurses, the hygienist and the area manager. We looked around the premises and the treatment rooms. We

reviewed a range of policies and procedures and other documents including dental care records. We reviewed 40 CQC comments cards during the inspection and spoke to one patient who was registered at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. Documents showed that one incident had occurred within the last 12 months. The area manager described the actions that were taken and the learning which had taken place. Staff demonstrated good awareness of how to act on incidents that may occur.

The provider understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

Staff had attended recent safeguarding training. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect and how to raise a concern.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The practice had rubber dam kits available for use in line with the current guidance. Staff told us that these were always used. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British

National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

Records showed that checks were made to ensure that the equipment and emergency medicines were safe to use. The expiry dates of medicines and equipment were monitored regularly.

Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment. Staff told us that medical emergency training scenarios were practised on a quarterly basis.

Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out.

The practice had an effective system in place for the recruitment of new staff which included seeking references, checking qualifications and professional registration. We found that recruitment records contained the required recruitment documentation such as proof of identification, job description and proof of professional registration.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies and had a health and safety policy in place. The practice had a log of risk assessments such as radiation, hazardous substances and fire. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

Are services safe?

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situations which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was tested weekly. We reviewed documents which showed that fire extinguishers were checked regularly. A full fire risk assessment had been undertaken in February 2016. General fire checks were carried out on an annual basis. Records showed that some staff had attended formal fire training in November 2014. The area manager told us that new members of staff had received a verbal explanation of the practice's fire procedures and did not receive formal fire training.

We saw that the fire evacuation procedure was clearly posted in areas throughout the practice. Fire exit notices were clearly displayed. We were told that fire drills took place every year. However, the most recent fire drill had taken place in December 2014. The area manager told us that a fire drill would be arranged immediately.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. Treatment rooms were visibly tidy and free from clutter. We saw that cleaning schedules were documented accordingly. There were designated hand wash basins in each treatment room. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in treatment room drawers.

The practice had a dedicated decontamination room. One of the dental nurses showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore appropriate personal and

protective equipment (PPE) during the decontamination process. Dirty instruments were washed and rinsed prior to being placed into an autoclave. An autoclave is a device for sterilising dental and medical instruments. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages.

We saw a clear separation of dirty and clean areas. There were adequate supplies of PPE such as face visors, aprons and gloves. Posters about good hand hygiene and sharps injuries were displayed to support staff in following practice procedures. There were sufficient instruments available to ensure that services provided to patients were uninterrupted.

Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified, and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice regularly carried out an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with HTM01-05. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed that action points had been identified and achieved as a result of the most recent audit.

The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in case they incurred such an injury. This involved a referral to a local Occupational Health department. We were told that dental nurses did not handle sharps. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety (Sharps Instruments in Healthcare) Regulations (2013).

Are services safe?

The practice had a record of staff immunisation status with regards to Hepatitis B in staff recruitment records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, extracted teeth and gypsum.

Equipment and medicines

The practice provided conscious sedation for patients undergoing treatment where necessary. These are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care, report of an expert group on sedation for dentistry, Department of Health 2003, in the delivery of patient care. However, the provider was not able to provide a copy of their sedation protocol, a sedation checklist and an information leaflet for patients undergoing sedation at the practice. We were told that a protocol and associated documentation would be sent over from a sister practice immediately.

Dental nursing staff who were assisting in conscious sedation had not undergone a formal external training course to support them in carrying out their role. We were told that nurses attended in-house sedation training at present. The sedation team had not received Immediate Life Support (ILS) training. The aim of ILS training is to train

healthcare workers in resuscitation, simple airway management and safe defibrillation (with the use of an AED), enabling them to manage patients in cardiac arrest until the arrival of emergency services.

There were systems in place to check and record that all equipment was in working order. These included the testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed in the treatment rooms. The practice had carried out an annual X-ray audit for each dentist within the last year. We saw evidence that the dentists recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. We were shown the current training certificates for the dentists which demonstrated that they were up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. We found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the care given to patients. We asked one of the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the dentists were adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. We noted that the waiting area did not contain any written literature regarding effective dental hygiene and how to reduce the risk of poor dental health. The area manager told us that a patient folder would be put together to include such information and would be kept in the waiting area.

Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. The dental care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

Staffing

Brighton Implant Clinic (Worthing Branch) had eight dentists, seven dental nurses (five of whom were trainees), one hygienist and one receptionist. The team were supported by a practice manager.

Staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of various members of staff at the practice which demonstrated that they had attended appropriate training and were up to date. We noted that some staff had not attended formal fire training. Staff attended internal training, online courses and used team meetings to share learning and knowledge.

New members of staff received an appropriate induction programme when they joined the practice. There was an appraisal system in place at the practice which was used to identify training and development needs. However, some members of staff had not received a formal appraisal within the last year. The area manager told us that these would take place immediately.

Staff recruitment records contained details of current registration with the GDC and the practice manager monitored that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to local hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

Two of the dentists described the methods they used to ensure that patients had the information they needed to be

Are services effective?

(for example, treatment is effective)

able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's dental care records which indicated that valid consent had been obtained for treatment at the practice. There was evidence that discussions regarding consent had taken place.

In situations where people lack capacity to make decisions through illness or disability, health care providers must

work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a basic understanding of the MCA and the importance of assessing each situation individually. We noted that staff had not attended formal MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. Patients were positive about the care they received and commented that they were treated with care and respect. One of the patients we spoke with on the day of inspection told us that they would recommend the practice to family and friends. They told us that staff were friendly and polite.

The practice had a basic system in place to gain the comments and views of people who used the service. Four completed satisfaction surveys had been completed since June 2014. Patients provided a positive view of the service they had received. One patient commented that staff were very helpful. However, there were no dates on any of the surveys. The area manager told us that satisfaction surveys were collected on a random basis and reviewed at the time of completion. We noted that the surveys had not been analysed or collated. Therefore, improvements which had been put into place as a direct result of patient feedback were limited.

During our inspection we observed that staff showed a friendly and attentive approach towards patients. All

patients were recognised and greeted at reception on arrival. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' dental care records were stored in password protected computers. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making where this was relevant.

Patients were informed of the range of treatments available on the practice website and in the patient leaflet. We noted that approximate prices of private treatments were not displayed in the patient leaflet or in the waiting area. However, prices were clearly displayed on the practice website. The area manager told us that prices were presently given to patients on request but that this information would be included in the patient folder in future.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and in the patient information leaflet. The website contained additional information about the practice such as opening times, contact details, staff information and prices of treatments. We noted that there was no information for patients regarding how to make a complaint in the waiting area or in the patient leaflet.

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointments were made available to patients on the same day for the dentists to accommodate urgent or emergency appointments.

Staff told us the appointment system gave them sufficient time to meet patient's needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice was contained on the first floor of the premises. The practice was fully accessible to patients with mobility difficulties via a lift. There was parking near to the practice. The practice had male and female toilets and a separate disabled toilet close to the waiting area. Staff told us that patients with mobility difficulties were supported as much as possible when visiting the practice.

We asked staff to explain how they communicated with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services.

Access to the service

The practice was open Monday to Friday 8.30am to 5.00pm. We were told that patients could be treated at a sister clinic in East Sussex on Saturdays if requested.

Information regarding the opening hours was available on the practice website and on the front door to the practice. The practice answer phone message provided information on how to access out of hours treatment. Appointments were available on the same day so that the practice could respond to patients in pain.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received two complaints within the last 12 months. Records demonstrated that action had been taken and each complaint had been acknowledged, investigated and responded to appropriately. Staff had a good understanding of the complaints process. Staff described the process which would be followed and were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was not clearly displayed in the waiting area. The area manager told us that this would be included in the patient folder. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to infection control, record keeping and radiographs. Action plans had been identified as a result of the audits and the results were shared and discussed with other members of the team.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures that had been put into place to manage those risks.

A recent formal staff meeting had taken place in February 2016. However, full records of these meetings were not retained. We noted that the most previous staff meeting had taken place in November 2014, with no meetings in between. The area manager told us that they planned to carry out staff meetings on a monthly basis in future.

Leadership, openness and transparency

Staff told us they were kept informed of any changes and updates. They told us that the practice manager adopted an open and transparent approach at the practice. We reviewed a record of the agenda of topics that were to be discussed at a recent staff meeting from February 2016. This included infection prevention, safeguarding and confidentiality. However, full staff meeting minutes and actions to be taken had not been recorded. The area manager told us that this would be implemented in the future.

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff we spoke with described the practice culture as friendly and open. Staff demonstrated an awareness of

the practice's purpose and were proud of their work. Staff said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively together and there was a supportive and relaxed atmosphere. Staff told us that the practice manager was highly visible within the practice and had a positive approach towards any improvements required at the practice.

Management lead through learning and improvement

The area manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All of the staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice did not have a consistent system in place to seek feedback from patients using the service. Feedback forms were intermittent and were not dated. Therefore, there was limited evidence that changes and improvements had been put into place as a result of patients' feedback. However, staff told us that any issues were discussed with patients and suggestions would always be implemented if possible.

The area manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the practice manager and the rest of the team and that these were always listened to and acted upon.