

Westwood Smile Care Ltd

# Westwood Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 22 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

Westwood Dental Practice is located in Langley, Berkshire. The practice was established in 1948 and the current principal dentist purchased and took over the practice in 2008.

The practice occupies the ground floor of a two storey building. The premises consist of four treatment rooms and a dedicated decontamination room. There are also separate reception and waiting room areas, staff room, lockable cloakroom, a store room and toilet facilities. The practice is open Monday to Friday from 9.00am to 5.30pm.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges and oral hygiene.

The staff structure of the practice is comprised of one principal dentist (who was also the owner), an associate dentist, qualified dentists in post graduate training, Endodontist, hygienist, five nurses (two of which also held reception duties), two trainee nurses and a practice manager.

The principal dentist was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

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 spoke with two patients during the inspection. They told us that they were satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment and that staff listened and treated them with care, dignity and respect.

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 41 completed comment cards and all of them reflected positive comments about the staff and the services provided.

Patients commented that the practice was clean and hygienic and that all the staff were friendly, caring and helpful. They said it was easy to book an appointment and the quality of the dentistry treatments and advice they received was excellent. Patients said explanations given about their treatments were clear and that the dentist put them at ease during the course of treatment.

## **Our key findings were:**

- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The principal dentist had a clear vision for the practice and staff told us they were well supported by the management team.

# 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.

There were systems in place for identifying and investigating incidents relating to the safety of patients and staff members. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it.

Staff were recruited robustly, suitably trained and skilled to meet patient's needs. The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole practice.

The practice had established systems in place to assess, identify and mitigate risks to the health, safety of patients, staff and visitors or the Control of Substances Hazardous to Health (COSHH).

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### **Are services effective?**

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental records and details were updated appropriately. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC).

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### **Are services caring?**

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

We received feedback from patients through comment cards that they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that dental records were stored securely and patient confidentiality was well maintained.

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

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. Members of staff spoke a range of languages which supported good communication between staff and patients.

The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via a satisfaction survey, including the use of the 'Friends and Family Test', in the waiting area. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

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

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

There were good clinical governance and risk management systems in place. There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from staff or patients had been carefully considered and appropriately responded to.

# Summary of findings

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The principal dentists had a clear vision for the type of practice they wanted to provide. These values were shared and understood by other members of staff. Staff felt well supported and confident about raising any issues or concerns with the principal dentist or practice manager.

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# Westwood Dental Practice

## Detailed findings

### Background to this inspection

This announced inspection was carried out on the 22 June 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice.

During the inspection we toured the premises and spoke with the two dentists, three dental nurses and a trainee dental nurse. To assess the quality of care provided we reviewed practice policies and protocols and other records relating to the management of the service.

We obtained the views of 41 patients who had filled in CQC comment cards and spoke with two patients who used the service on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months.

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

There was an effective system in place for reporting and learning from incidents. The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence that they were documented, investigated and reflected upon by the dental practice. We reviewed the information within the practice's accident book and found the practice had responded appropriately.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

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

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies. All staff had received adult and children safeguarding training. However, some staff were not clear on what protocols to follow should a safeguarding concern arise.

The practice had a policy in place for sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. However, some staff were not familiar with the practice policy and what actions they should take, if a needle injury occurred. Some staff were not clear on the protocols they were required to follow, in such circumstances.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments, 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.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff we spoke with told us they

had received training in medical emergency and basic life support and confirmed this was provided annually. The staff we spoke with were familiar with the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and defibrillator. A defibrillator is a device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were face masks of different sizes for adults and children. We found the emergency equipment was kept in a secure place.

We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded and the checking procedures were regularly monitored.

### Staff recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The dentists, dental nurses and hygienist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice kept a record to evidence staff were up to date with their professional registration.

### Monitoring health & safety and responding to risks

# Are services safe?

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Key contact numbers were included and copies of the plan were kept in the practice and at the home of the principal dentist.

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

## Infection control

Systems were not always in place to reduce the risk and spread of infection. For example, we noted all cleaning equipment was stored in a cleaning cupboard. However, we found two items of equipment (used for cleaning different areas of the practice) stored in the same container. When cleaning equipment is stored like this, the risk of cross infection increases. This was brought to the attention of the practice manager and corrective action was completed immediately.

We saw the practice had completed an infection control audit in June 2015. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The dental nurse was the infection control lead. Staff files we reviewed showed that staff regularly attended external training courses in infection control.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination rooms which ensured the risk of infection spread was minimised.

The infection control lead professional showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. They examined them visually with an illuminated magnifying glass and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

Records on the day and records sent to us following the inspection showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

A professional legionella risk assessment was carried out on 3 June 2015, which required actions to be taken to maintain safety. (Legionella is a bacterium which can contaminate water systems). The actions ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

## Equipment and medicines

We found the practice was reusing some single use only medical equipment. For example, we saw the practice was reusing dental equipment called rosehead burs. These items are single use only and should not be reused. This was brought to the attention of the practice manager and

# Are services safe?

principal dentist on the day of inspection. We observed corrective action had been implemented and received written assurance of this action including a change in practice policy to prevent this from happening again.

We found that the equipment the practice used had been serviced. For example, the last Portable Appliance Testing (PAT) was completed in July 2015. PAT is the name of a process during which electrical appliances are routinely checked for safety. The fire safety assessment had been completed.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. We spoke with staff and found that the ordering system was effective.

Batch numbers and expiry dates for local anaesthetics were recorded in the clinical notes. These medicines were stored safely and could not be accessed inappropriately by patients.

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

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the radiation protection supervisor (RPS). We saw evidence some clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations. Patients spoken with and comments received on CQC comment cards reflected that patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. For example, the clinical staff visited local schools on a yearly basis, to teach young children about oral hygiene and tooth brush instructions. The practice sponsored a local football team and used this as a medium to demystify dentistry and increase awareness on oral health and hygiene. The practice also were involved in holding events in local supermarkets to promote oral hygiene.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the dentists used fluoride varnish applications for young children. The practice held open days at the practice to discuss the benefits of fluoride application.

The waiting room area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information about smoking and oral health, visiting the hygienist, dental erosions, sensitive teeth, plaque and periodontal disease. The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council.

All new staff underwent a period of induction that was tailored to their role and previous level of experience. The practice has procedures in place for appraising staff performance and we saw that staff learning and development needs were identified and planned for.

The qualified dentists in post graduate training we spoke with told us they had completed a comprehensive induction programme and had been fully supported during their induction programme. The qualified dentists in post graduate training told us the principal and associate dentist were always available to speak to at all times for support and advice.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice used the NHS online system for referrals. The practice completed detailed referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

The practice ensured valid consent was obtained for all care and treatment. The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients we spoke with told us they were given time to consider all treatment options and were able to make a informed decision about which option they preferred.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Clinical staff were aware of consent in relation to children under the age of 16 and parental responsibilities. They also understood their responsibilities in relation to consent in relation to children who attended for treatment without a parent or guardian. This is known as Gillick competence. Staff told us children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate and empathetic care and treatment. We observed that staff treated patients with dignity and respect and maintained their privacy. The reception area and waiting area were separate and a TV was in place in the waiting area, this ensured private conversations between patients and staff in the reception area were not overheard. Staff told us that should a confidential matter arise; a private room was available for use.

A data protection and confidentiality policy was in place and staff were familiar with these. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records were held securely. Electronic records were password protected and regularly backed up.

We noted doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Patients we spoke with and those who completed comment cards said that they felt that practice staff were kind, helpful and caring and that they were treated with dignity and respect. A number of patients told us the dentist was particularly sensitive to patients who were nervous or anxious about their treatment. The registered

manager told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities or patients with mental health illness.

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

Patients we spoke with and those who completed comment cards told us that the dentists and dental hygienist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and that explained the costs involved.

Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. This was supported by the patients we spoke with and the feedback we received via the comments cards.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

The practice displayed information in the waiting area which gave details of NHS and private dental charges or fees. The practice leaflet also included comprehensive information on the bespoke Westwood Dental Practice care plan. This included information on benefits of care plan and the fee comparison between pay as you go and the care plan.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. Patients we spoke with confirmed they had been given an emergency appointment on the same day they contacted the practice. The practice had dedicated time slots for emergencies each day, and the dentist we spoke with told us any urgent requests were fitted in on that day.

The dentist told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments. We observed the practice arranged appointments for family members at consecutive appointment times for their convenience.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff spoke a range of different languages and also had access to a telephone translation service. The different languages spoken by staff included, Punjabi, Hindi, Gujarati and Polish.

Staff told us the practice provided written information for people who were hard of hearing and large print documents for patients with some visual impairment. A portable induction loop was available for patients with partial hearing loss.

### Access to the service

The practice was open Monday to Friday from 9.00am to 5.30pm. The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening hours.

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent, patients would be seen within 24 hours or sooner if possible. Patients were able to pre-book appointments two weeks in advance. Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting.

The arrangements for obtaining appointments, including how to access emergency dental treatment, were clearly displayed in the waiting room area, in the practice leaflet and practice website.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Information about how to make a complaint was displayed in the waiting area. There was a complaints policy describing how the practice would handle formal and informal complaints from patients. The patients we spoke with told us they could approach the receptionist or the practice manager if they wanted to make a complaint.

The practice had received one complaint since 2014 and this had been dealt with appropriately. We saw the complaints had been investigated and responded to, where possible, to the patient's satisfaction. The outcomes of complaints, actions required and lessons learned were shared with the staff during team meetings.

The practice also collected feedback through the use of the 'Friends and Family Test'. The survey forms for this test were displayed in the waiting area. In the past, the practice had also used its own patient feedback survey to identify any concerns. The majority of the feedback collected during the past year indicated a high level of satisfaction.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice was a member of the British Dental Association's 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality, incident reporting protocol and referral policy. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they understood them and their roles and responsibilities in relation to their implementation.

The practice had systems for completing regular clinical audits. These included audits in radiography and record keeping. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits to evidence that improvements had been maintained.

The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock and they were all in date. Records had been kept of the checking process.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the principal dentist practice manager and dentists were very approachable. Staff told us that there was a 'no blame' culture within the organisation and that they felt confident to raise any concerns they had.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard.

We saw that the management of the practice, areas for improvement and any changes in procedures were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us that the principal dentist and practice manager would listen to their concerns and act appropriately.

### **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their continuous professional development, in line with the requirements set by General Dental Council (GDC). They told us they had also received regular training in areas such as infection control, child and adult safeguarding and basic life support.

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment. Regular staff meetings took place and all relevant information cascaded to them. Meetings were minuted and made available for all to read. Meetings were used positively to identify learning and improvement measures.

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on radiography and record keeping.

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

The practice had gathered feedback from patients through comments received from the Friends and Family Test (FFT), patient assessment questionnaire, testimonials on website, and from social media pages, such as Facebook and Twitter.

The practice conducted a regular patient survey by asking patients to complete a questionnaire about the services they provided. These asked patients to comment on areas of the service including the environment, if patients are treated with courtesy and respect, if patients are involved in their care and treatment and if patients receive health promotion information. The majority of the feedback received was very positive. The practice reviewed the feedback, acted on this and made improvements where this was practical and possible.

Staff we spoke with told us their views were sought and listened to informally and at meetings.