Care Quality Commission

Dr Pauline Elizabeth Price-Dewey

Brookfield Dental Care

Inspection Report

1 Brookfield Road
Rushden
Northamptonshire
NN10 9TQ
Tel: 01933 350783
Website: www.brookfielddental.co.uk

Date of inspection visit: 13 October 2015
Date of publication: 07/01/2016

Overall summary

We carried out an announced comprehensive inspection on 13 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Brookfield Dental Care is located in Rushden, Northamptonshire and treats both NHS and private dental patients, with the majority being private patients (approximately 90%). The practice has three dentists. two dental therapists, a hygienist, a practice manager and five additional dental care professionals (DCP).

The practice is situated in a converted house with a car park at the rear of the practice and provides services from the ground floor only and is wheelchair accessible.

The practice opening hours are Monday and Friday 8.30am to 5pm with late opening on Tuesday, Wednesday and Thursday until 6pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 45 comment cards that had been completed by patients about the services provided. All cards reported positive comments with the exception of one regarding charges. Patients' comments reported experiencing an excellent service, and highlighted the friendliness and professionalism of the staff and that the

Summary of findings

dentists made patients feel relaxed and comfortable. We also spoke with four patients during the inspection who all told us that they had received an excellent service and felt well cared for by all staff.

Our key findings were:

- The practice had a system for recording significant events and complaints and staff knew how to follow the process if there was an event or a complaint received.
- All staff had received safeguarding vulnerable adults and children, and whistle blowing training and knew what to do and how to raise any concerns.
- The practice was clean and well maintained.
- There were sufficient numbers of suitably qualified and experienced staff to meet the needs of patients.
- Staff had been trained to deal with emergencies, although they had not carried out regular scenario practice as recommended by Resuscitation Council.
- There were appropriate medicines and life-saving equipment available.
- The practice had infection control procedures which were in line with national guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, good practice and current legislation with the exception of rubber dams which were not routinely used.
- Patients received explanations about their proposed treatment, costs, options and risks and were involved in making decisions.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The practice was well-led and staff worked as a team.
- Governance systems were effective and the practice completed a range of clinical and non-clinical audits to monitor the quality of services. However, we did not always see evidence of action taken as a result, for example, testing water temperatures at sentinel points.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review their practice in relation to endodontic procedures with particular reference to the use of rubber dam in line with British & European Endodontic Society guidelines.
- Require all clinicians to carry out radiograph audit on an annual basis with results, action sheets if appropriate and completion sheets populated.
- Introduce checking procedures and recording for testing water temperatures at sentinel points and ensure this is performed regularly in line with the recommendations of their own agency report
- Carry out regular performance appraisals with the practice manager.
- Review standards, guidelines and regulations to ensure all staff are aware.
- Rationalise the filing system for radiation protection.

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 the practice was providing safe care in accordance with the relevant regulations.

The practice had policies and procedures to ensure all care and treatment was carried out safely. Significant events, complaints and accidents were recorded, investigated and analysed.

Patients were informed if and when mistakes had been made. Staff had received training in safeguarding vulnerable adults and children and whistle blowing and knew the signs of abuse and who to report any concerns to. The recruitment procedures kept patients safe, although the practice had not carried out a risk assessment on a new member of staff whilst awaiting return of their Disclosure and Barring Check (DBS). Staff were trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Induction procedures were in place and completed by all new members of staff.

The practice had infection control procedures in place and staff had received relevant training. There was a maintenance schedule in place for radiation equipment, but the equipment service was three months overdue and had been arranged for a date three weeks after our inspection. However, when we raised this issue with the practice they took immediate action and provided evidence that the servicing had taken place within the next two days. Emergency medicines were available and checked appropriately but they were stored in an area which could be accessed by the public. The practice took immediate measures to relocate the equipment.

Are services effective?

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

During the inspection we looked at records and saw evidence of detailed oral examinations, treatment planning, options discussed, treatment declined with possible risks, smoking and alcohol habits, and the gaining of valid and informed consent.

We observed an awareness and use of the Delivering Better Oral Health (DBOH) toolkit for preventative measures. Medical history taking protocols were robust. We saw evidence that appropriate referrals were made by letter for suspected pathology, orthodontics and complex treatments and internally to one associate for surgical treatments.

Rubber dam was not universally deployed by all clinicians for root canal treatment although this is recommended by British and European Endodontic Society guidelines.

Staff had knowledge and awareness of Mental Capacity Act MCA and Gillick competency.

Are services caring?

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

All patients views we sought were positive. Patients had provided feedback and comments either through a comments book in reception, comment cards or in person.

Staff at the practice treated patients with dignity and respect and maintained their privacy, although the location of reception was in close proximity to the waiting area which made it possible for conversations to be overheard. Staff ensured that patients had understood their treatment plan and options when they had left the dentist by discussing this after their consultation and offered an opportunity to ask any questions.

Summary of findings

Patients confirmed that they were able to ask questions and staff explained the treatment options and the costs of any treatment before it began.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Information regarding oral health was readily available to patients. The practice was accessible to patients with restricted mobility, with level access.

Patients were able to access treatment quickly in the event of an emergency usually the same day and the practice had its own arrangement of out of hours treatment with the practice manager and a dentist on call at all times.

The principal dentist wrote to patients with more complex treatment plans to ensure that the patients were clear in the treatment required and the costs involved.

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

The practice had arrangements in place for monitoring and improving the services provided to patients. Regular checks and audits were completed to ensure the practice was safe and patients' needs were being met.

The practice had a range of up-to-date policies and procedures to ensure the practice was safe and met patients' needs. Responses to patients concerns and complaints had been recorded, and demonstrated an open supportive approach.

Staff meetings were held monthly and staff were able to submit suggestions for the agenda. The majority of the staff had worked at the practice long-term and reported feeling valued and well supported.

Care Quality Commission

Brookfield Dental Care

Detailed findings

Background to this inspection

The inspection took place on 13 October 2015 and was conducted by a Care Quality Commission (CQC) inspector , a second inspector and a dental specialist advisor.

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. Prior to the inspection we asked the practice to send some information which we reviewed. This included the complaints they had received in the last 12 month, their latest statement of purpose, 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 and found there were no areas of concern. During the inspection we spoke with dentists, dental nurses and the practice manager. We viewed 45 comment cards that had been completed by patients about the services provided. All the cards contained positive comments with the exception of one regarding charges. Many comments made reference to an excellent service, and the friendliness and professionalism of the staff and that the dentist made patients feel relaxed and comfortable. We also spoke with four patients during the inspection who all told us that they had an excellent service and felt well cared for by all staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to record, investigate, respond to and learn from significant events. Regular meeting were held at the practice where the incidents were discussed and learning points disseminated to all members of staff. Staff said they were aware of the procedure for reporting incidents and were encouraged to bring safety issues to the attention of senior staff members.

The practice manager received medicines and healthcare products regulatory agency (MHRA) alerts. These are safety alerts were sent out centrally by a government agency and covered safety issues with medicines, and medical equipment. MHRA alerts allowed the practice to learn from other people's experiences. The practice manager explained how they analysed the alerts for relevance to the practice and then shared with relevant members of the team. An issue that affected the whole team, for example a problem with a piece of equipment, would be discussed at a full team meeting.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding patients who were vulnerable adults or children. The policies directed staff in how to respond to concerns about the safety and welfare of vulnerable adults and children. Contact telephone numbers for the relevant agencies were available to all staff and discussions with staff showed they were aware of the safeguarding policies and procedures. Staff also knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice had two identified leads for safeguarding both vulnerable adults and children. Training records showed that all staff at the practice had undertaken training in safeguarding adults and children. The practice manager told us there had not been any safeguarding concerns with any patients at the practice.

We spoke with the dentists regarding root canal treatment which revealed that they did not follow national guidelines. For example, they did not routinely use a rubber dam for all root canal treatments. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

The practice had systems for dealing with the risk of fire including a fire risk assessment. Regular fire drills were carried out, and there were fire extinguishers in place. Records showed the fire extinguishers had been maintained and checked on an annual basis. The last check having been completed in June 2015. We saw instructions on the evacuation of the building in the event of a fire were displayed in the public areas of the practice.

Medical emergencies

There were procedures for dealing with medical emergencies. These included having an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff training records showed all staff had received basic life support including the use of the automated external defibrillator (AED). The practice manager told us that this training was delivered annually and the last recorded basic life support training had been earlier in 2015. We noted that no regular scenario practice was carried out as recommended by the Resuscitation Council.

There were emergency medicines and oxygen available which met the recommendaitons of the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were as recommended by the 'British National Formulary' (BNF) guidance and were all in date. However, we noted glucagen was missing but had been ordered and the practice provided evidence of receiving the replacement following the inspection. Records showed staff regularly checked medicines and equipment to monitor stock levels andexpiry dates, however on the day of inspection the oxygen cylinder was out of date. The practice has since provided evidence that this was rectified and a new cylinder was in place. We also noted that there were no children's masks for administering oxygen or children's pads for the AED. However, following our inspection, the practice manager contacted us to inform us that these had now been purchased.

Are services safe?

We noted the emergency equipment was stored in one of the waiting areas and was accessible to the public. However, following our inspection the practice manager confirmed that this had been relocated to an area restricted to staff only.

Staff recruitment

We looked at the personnel files of four members of staff and found that the appropriate recruitment checks had been carried out. We found that the practice's recruitment policy and the regulations had been followed.

New staff at the practice received an induction to their role, and the documentation for the newest member of staff showed that shadowing existing staff and learning had taken place and experiences and had been recorded. Staff also confirmed that they had been supported through their induction period.

Discussions with staff and a review of the records showed there were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred they could be covered, usually by colleagues.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and environmental risk assessments in place. The risks to staff and patients had been identified and assessed, with systems in place to reduce those risks.

The practice's policies and risk assessments related to health and safety included fire evacuation procedures, infection prevention and control, and a legionella risk assessment. Records showed the environmental risk assessments and the legionella risk assessment had been reviewed in January 2015. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and records confirmed that these checks had been completed. The practice carried out an annual fire drill with the last one recorded in February 2015.

Infection control

The practice had an infection control policy which had been updated in November 2014. The policy described the cleaning processes at the practice, with particular reference to Department of Health guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' This document set out the standards and best practice for infection control in dental surgeries.

The practice had systems for testing and auditing the infection control procedures. An infection control audit had been completed recently and actions taken in response to this.

The practice had sharps bins in each surgery (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking). The sharps bins were signed and dated and not filled beyond the recommended level. The practice had a clinical waste contract, which included the collection and disposal of sharps bins. We found they complied with the relevant regulations and needle stick injury protocols were available to guide staff in the management of this.

The practice had a dedicated decontamination room which had been set up to comply with guidance from HTM 01-05. We looked at the procedures in place for the decontamination of used dental instruments. The decontamination room had clearly defined dirty and clean areas and a flow of used instruments from the dirty area to the clean. We observed staff wearing personal protective equipment this included protective gloves, aprons and eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance. A dental nurse working in the decontamination room demonstrated the process and we saw that the procedures used were as described in the practice policy, which was displayed on the wall.

The practice had two autoclaves designed to sterilise non wrapped or solid instruments. We saw that the sterilising process had been completed in line with national guidance for example, the dental instruments were dried, packaged, sealed, stored and had an expiry date.

The equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. We saw daily, weekly and monthly records were kept of the decontamination equipment checks to ensure that equipment was functioning correctly.

Are services safe?

We observed staff wearing personal protective equipment when cleaning instruments and treating people who used the service. Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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. The needlestick injury policy was displayed in the decontamination room. A needlestick injury is a puncture wound usually caused by a sharp dental instrument. A member of staff was able to describe what action they would take if they had a needlestick injury and this was in line with the practice policy.

Records showed a risk assessment for Legionella had been completed in 2012. This process was to ensure the risks of Legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice had carried out some work recommended regarding replacement of water heaters and whilst the practice manager told us they did flush the taps regularly, we found no evidence that the testing of water temperatures at sentinel points was being regularly performed as there was no recording system in place.

Equipment and medicines

The practice was able to demonstrate through records that equipment in use was maintained and serviced in line with manufacturer's guidelines. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment.

The equipment was monitored regularly to ensure it was in working order and records were kept to evidence this. Records in patients' notes showed that when local anaesthetic was used the batch number and expiry date were recorded. In addition the practice kept a log of all local anaesthetics and antibiotics which also recorded the date the medicine arrived at the practice, the batch number and expiry date.

The provider told us that if antibiotics were prescribed this would be done following discussions with the patient's GP to ensure there were no issues and to keep the GP informed.

The practice moved dirty dental instruments around the practice, moving from the surgeries to the decontamination room. Used instruments were transported in a sealed box and kept in a liquid solution in line with national recommendations.

Radiography (X-rays)

We saw that X-rays had been justified, graded and reported on appropriately and were carried out in line with local rules which described the operating requirements for each machine. The local rules for the use of each X-ray machine were displayed in each surgery where X-rays were carried out.

Records showed that the X-ray equipment was three months overdue for its three yearly service. We noted that the practice had this scheduled for three weeks time. However, when we raised this with the practice action was taken immediately and the practice provided evidence two days following our inspection that the service had taken place. We also noted that the radiation protection files were in several different places and could benefit from being rationalised. We also noted that evidence of radiograph audit was only available for one clinician and was not well organised. This needed re-organising on an annual basis for all clinicians taking x-rays, with results, action sheets if appropriate and completion sheets populated.

The practice had a radiation protection advisor and a radiation protection supervisor, as identified in the regulations (IRR 99). Their role was to ensure the equipment was operated safely and only by qualified and experienced staff. Those staff members authorised to carry out X-ray procedures were clearly identified.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two dentists, and two dental nurses who said that before treatment started each patient's diagnosis was discussed with them and treatment options and costs were explained. All four patients we spoke with said that the dentists had discussed treatment options, including costs and they had been given the opportunity to ask questions. The patient's clinical notes were updated with the proposed treatment after discussing the options and involving the patient in the discussion. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Discussions with three dentists showed they were aware of NICE guidelines, particularly in respect of recalls of patients, antibiotic prescribing and wisdom tooth removal. Discussions and observations identified that they followed NICE guidelines in their treatment of patients.

Dentists were aware of and understood the Public Health England document: 'Delivering better oral health: an evidence based toolkit for prevention'. We saw the dentists used this document and 'toolkit' as a basis to help patients have better oral health.

Health promotion & prevention

The waiting room and reception 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 on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The practice had photographs to evidence they had participated in National Smile week run by the British Dental Health Foundation. This had included a 'design a poster' competition for children, with positive messages being given about preventing tooth decay and good oral hygiene. An additional dental nurse was due to undertake training to photograph patients for national Smiles week.

Staffing

The practice had five dentists, two therapists, one hygienist, four dental nurses who also covered reception and a practice manager. Dental staff had appropriate professional qualifications and were registered with their professional body. Prior to the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC. Records within the practice showed that the practice was regularly carrying out similar checks.

Staff training records at the practice showed that staff were completing training towards their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). Staff files showed details of the number of hours staff had undertaken and training certificates for courses attended were also in place.

Records we viewed showed that staff were up to date with all essential training required by the practice. This included basic life support and safeguarding.

The practice regularly appraised the performance of its staff, with the exception of the practice manager. The practice manager said that a process would be put in place to address this. Records we looked at confirmed that annual appraisals had taken place and training and development needs had been identified. Staff spoke positively about working at the practice and said they felt well supported by the staff team but particularly the provider and practice manager.

Working with other services

The practice referred patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or referral to the dental hospital if the problem required more specialist attention. Patients were then monitored after their treatment to ensure they had received the best treatment and were satisfied with the treatment and outcome.

Consent to care and treatment

The practice had a consent policy for care and treatment. For National Health patients the practice used the standard FP17 form which contained the treatment plan identified

and the cost. NHS patients signed this form to show their consent to the treatment and costs. For private patients an individual treatment plan was printed and signed by the patient to show their consent.

Discussions with dentists showed they were aware of and understood the Gillick competency in young people. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

The consent policy made reference to competence or capacity and how this affected the patient's ability to give consent. The policy linked this to the Mental Capacity Act 2005 (MCA). Staff training records showed staff had attended training with regard to the MCA 2005, however, some staff we spoke to did not have a complete understanding and would benefit from additional training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Discussions with staff and patients together with our own observations showed that staff treated patients with dignity and respect and maintained their privacy during consultations. However, the practice policy was to further discuss treatment plans once patients have been seen by the dentist to ensure clarity and understanding for patients. Whilst we noted this as good practice, we also noted that the reception desk was situated next to the waiting room and this was a small area where conversations could easily be overheard. Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area, particularly when other patients were present. They said that a private area was usually available for use.. Staff told us they never asked patients questions related to personal information at reception. We saw that patient records, both paper and electronic versions were held securely.

We viewed 45 CQC comment cards that had been completed by patients about Brookfield Dental Practice. All 45 contained positive comments about the staff and the services provided.

Involvement in decisions about care and treatment

The principal dentist described how they wrote to patients with more complex treatment plans to ensure understanding, clarity and consent.

We spoke with four patients on the day of the inspection. All patients' comments we received were positive and none of the patients we spoke with had any concerns, or criticism of the dentists, nurses or receptionists. All four patients told us that treatment was explained clearly, and they were able to ask questions and that they felt involved in the decisions made about their treatment.

Comment cards completed by patients included how treatment was always explained in a way they could understand and made specific reference to being involved in decisions, being listened to and everything being discussed before treatment started.

The practice information leaflet, and the practice website described the range of services offered to patients together with details of fees for all treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Discussions with both staff and patients identified the practice had an appointment system that met the needs of patients. Where treatment was urgent, the practice would try to see patients the same day, and information about emergency appointments was available on the practice website. We received 45 Care Quality Commission (CQC) comment cards that patients had left, several of which made reference to being seen by a dentist quickly in an emergency, and expressed appreciation for their rapid treatment.

Tackling inequity and promoting equality

The practice was situated on the ground floor of the premises with good access for wheelchairs and a ramp from the waiting area to the dental surgery. The practice was located on a bus route and this gave good access by all forms of public transport. Car parking was available at various points in and around the practice. Longer appointments were available to elderly patients and those with learning disabilities.

Access to the service

The practice opening hours are Monday and Friday 8.30am to 5pm with late opening on Tuesday, Wednesday and Thursday until 6pm.

The practice had arrangements in place for emergency dental treatment outside of normal working hours, including weekends and public holidays. Patients were able to access treatment quickly in the event of an emergency as the practice had a dentist on call at all times as well as the practice manager.

Concerns & complaints

The practice had a complaints procedure that explained the process to follow when making a complaint. The timescales and the person responsible for handling the complaint were also identified. Details of how to raise complaints were included in the practice leaflet and accessible in the reception area. Staff told us they were aware of the procedure to follow if they received a complaint and patients we spoke with told us that whilst they had not had cause to complain they would go to the practice manager fi they needed to make a complaint.

The practice manager said that very few complaints were received, however when received they were analysed and discussed in staff meetings and learning points shared. Staff we spoke with confirmed this.

Are services well-led?

Our findings

Governance arrangements

Staff were aware of their roles and responsibilities within the practice. There was a full range of policies and procedures in place to guide staff and offer instruction. These included health and safety, consent, and whistle blowng. The policies had been signed by staff members to indicate they had read the policy and understood the content.

Leadership, openness and transparency

We found the dentists to be friendly and approachable. Staff and patients told us they were able to speak with the dentists and the practice manager to discuss any issues with them. The practice manager was also the registered manager.

We saw that the culture of the practice encouraged candour, openess and honesty. Staff told us that they could speak with the principle dentist or the practice manager at any time if they had any concerns. Patients said they felt they could speak to the practice manager or the provider as both were open and approachable. Responses to patients concerns or complaints had been recorded, and showed an open and honest approach.

Staff said they felt part of a team, and they felt respected and involved by the owner and manager. The practice held monthly staff meetings where staff said they felt able to participate and contribute. Staff were able to suggest agenda items by writing them on the notice board in the staff kitchen area.

Management lead through learning and improvement

Practice staff told us that the practice was supportive and proactive regarding training and learning, and provided opportunity for staff to develop. These areas were identified through appraisal and staff also gave examples of where they had identified learning and training needs and these had been supported. Staff reported having regular meetings together where they discussed best practice and we observed that they were knowledgeable regarding dental health promotion when a patient asked a question at reception. They told us they gained peer support and they enjoyed working at the practice and felt supported in their role.

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

Staff told us that patients could give feedback at any time they visited. There was a comments book available in the reception area and we observed many positive comments from patients.

The practice held regular staff meetings and staff appraisals had been undertaken, with the exception of the practice manager. The practice manager said that a process would be put in place to address this and whilst they had not had a formal appraisal they spoke with the principal dentist daily and could raise any training and development needs they identified at any time. We noted that the practice manager had idenitified training needs regarding specific information technology software to assist them in their work planning. We saw that this had been acknowledged and a plan was in place to achieve this. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted.

Feedback we received from all comment cards and patients verbally was positive and patients expressed their satisfaction with the practice as a whole.