University of Portsmouth

University of Portsmouth Dental Academy

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 October 2016 to ask the service the following key questions;

Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?
We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?
We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?
We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?
We found that this service was providing responsive care in accordance with the relevant regulations.

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

Background

University of Portsmouth Dental Academy provides dental care to patients which is delivered by dental hygiene therapy students attending Portsmouth University and dental students from King's College London who attend Portsmouth University as part of their outreach teaching programme. All student treatments are supervised by clinical dental staff and are free to patients. The academy is based in purpose built premises owned by Portsmouth University situated in Portsmouth, a city on the south coast of Hampshire.

The academy has two suites of treatment bays situated on the east and west side of the building. These are based on the first floor, there is also a separate decontamination suite used for cleaning, sterilising, packing and storage of dental instruments. The first floor is reached by lift and is accessible to wheelchair users, prams and patients with limited mobility.

Summary of findings

The academy employs 30 academic staff, 13 administration staff, 15 dental nurses, and three technical staff.

The academy's opening hours are between 8.30am and 5pm from Monday to Thursday and 8.30am and 4pm on Friday.

There are arrangements in place to ensure patients receive urgent medical assistance when the academy is closed. This is provided by an NHS out-of-hours service.

The business manager and clinical director are the registered managers. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We obtained the views of 30 patients on the day of our inspection.

Our key findings were:

- We found that the service ethos was to provide high quality patient centred dental care in a relaxed and friendly environment.
- Effective leadership was provided by the clinical directors and an empowered business manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The service appeared clean and well maintained.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Infection control procedures were robust and the service followed published guidance.
- The service had a safeguarding lead and effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting and shared learning when untoward incidents occurred.
- Dental care was provided in accordance with current dental academic, professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the service was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the academy.
- Staff we spoke with felt well supported by the clinical directors and business manager and were committed to providing a quality service to their patients.
- Information from 12 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review opening times listed outside building to ensure they match with written patient information.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The service had robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the service and dental radiography (X-rays). We found that all the equipment used in the dental service was well maintained.

The service took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focused on the needs of the patients. The service used current dental academic and national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their service.

We saw examples of positive teamwork within the service and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs.

Are services caring?

No action

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

We obtained the views of 30 patients on the day of our visit. These provided a positive view of the service the service provided.

All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and students were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

No action

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

The service was aware of the needs of the local population and took these into account in how the service was run.

Patients could access treatment and urgent and emergency care when required. The service provided patients with access to written and telephone interpreter services when required.

The service had a suite of treatment bays which were accessed via a lift and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Summary of findings

Are services well-led?

No action

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

Effective leadership was provided by clinical directors and an empowered business manager. The clinical directors and business manager had an open approach to their work and shared a commitment to continually improving the service they provided.

There was a no blame culture in the service. The Academy had robust clinical governance and risk management structures in place.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit.

Staff working at the service were supported to maintain their continuing professional development as required by the General Dental Council.

Staff told us that they felt well supported and could raise any concerns with the clinical directors and business manager. All the staff we met said that they were happy in their work and the service was a good place to work.

University of Portsmouth Dental Academy

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 18 October 2016. Our inspection was carried out by a lead inspector, a pharmacy inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We obtained the views of 13 members of staff.

We conducted a tour of the Academy and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of 30 patients on the day of our inspection.

Patients gave positive feedback about their experience at the service.

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 Clinical Directors we spoke with demonstrated a good awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The Academy had a robust incident reporting system in place when something went wrong; this system also included the reporting of near misses and minor injuries to patients and staff.

Records showed that 29 incidents had occurred during 2015-16 and were managed in accordance with the Academy's accident reporting policy. The Academy received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the clinical directors.

Reliable safety systems and processes (including safeguarding)

We spoke to a member of the clinical teaching staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. Students and staff used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. We saw they used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Clinicians and students were also responsible for the disposal of used sharps and needles. A service protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked staff how they and students treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The service followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was only carried out using a rubber dam. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

The Academy had a safeguarding lead who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. These were available on each clinical wing. Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available in the service that contained telephone numbers of whom to contact outside of the service if there was a need, such as the local authority responsible for investigations. The service reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The Academy had arrangements in place to deal with medical emergencies at the service. We saw on each clinical wing an automated external defibrillator (AED), 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. Staff had received training in how to use this equipment.

Each clinical wing had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental service. Staff and students had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff and students.

The Academy held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

Dental professionals, dental hygienists and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The service had a recruitment policy that detailed the checks required to be

undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

We looked at five staff recruitment files and records confirmed they had been recruited in accordance with the service's recruitment policy.

The systems and processes we saw were in line with the information required by regulations. Staff recruitment records were stored securely to protect the confidentiality of staff personal information.

We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are 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.

Monitoring health & safety and responding to risks

The service had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The Academy maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the service.

The senior dental nurse maintained a comprehensive Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the service. The Academy had in place a robust infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of service protocols that HTM 01 05 (national guidance for infection prevention and control in dental services) Best Practice Requirements were being met. It was observed that audit of infection control processes carried out in October 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that all clinical treatment bays, waiting areas and toilets were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment bays. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment bays and toilets. Hand washing protocols were also displayed appropriately in various areas within the building and bare below the elbow working was observed.

The drawers of treatment bays were inspected and these were clean, ordered and free from clutter. Each treatment bay had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The decontamination technician we spoke with described to us the end-to-end process of the pre sterilisation cleaning, sterilisation, packaging and storage of dental instruments. A dental nurse explained the decontamination of the general treatment bay environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the service by a competent person in April 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The Academy had a separate decontamination suite used for cleaning, sterilising, packing and storage of dental instruments. The technician we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The service used two automated washer disinfectors for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. The

decontamination suite had six non-vacuum autoclaves, four vacuum autoclaves and six special dental hand piece autoclaves used for sterilisation. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure that the washer disinfectors and autoclaves used in the decontamination process were working effectively. It was observed that the data log books used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. All recommended tests utilised as part of the validation of the washer disinfectors were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log file.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The service used an appropriate contractor to remove clinical waste from the service. This was stored in a separate locked room on the ground floor of the building prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the Academy. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. These were maintained by the Academy's Technical Manager. For example, the autoclaves had been serviced and calibrated in August 2016 and other equipment used in the decontamination processes had been serviced in August 2016. The X-ray machines had been serviced and calibrated as specified under current national regulations in September 2016.

Portable appliance testing (PAT) had been carried out throughout 2016.

The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored securely.

We observed that the service had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

The Academy Technical Manager maintained a well organised radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the local rules. The local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level.

The Academy had put in place a system of clinical audit for radiography. For example, we were shown that a radiological audit for each dental hygiene therapy student had been carried out in 2015-16. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured on every occasion. These findings showed that the service was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists, dental students and dental hygiene/therapy students carried out consultations, assessments and treatment in line with recognised general professional guidelines. One of the senior supervising dentists we spoke with described to us how dentists and students carried out their assessment of patients for routine care.

The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records that were shown to us by the senior supervising clinician demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment. The dental care records we saw were very detailed, complete, contemporaneous and fit for purpose.

Health promotion & prevention

Clinicians and students focused on the prevention of dental disease and the maintenance of good oral health.

Children and others at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children who were particularly vulnerable to dental decay).

We saw how tooth brushing techniques were explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Underpinning this advice were a range of written leaflets for patients explaining how they could maintain good oral health.

Staffing

We observed a friendly atmosphere at the service. We checked the registration status of 11 clinical staff. All had current registration with their professional body, the General Dental Council.

All of the patients we asked told us they felt there was enough staff working at the service. Staff we spoke with told us they felt supported by the clinical directors. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The service employed 30 academic staff, 13 administration staff, 15 dental nurses, and three technical staff. There was a structured induction programme in place for new members of staff.

Working with other services

One of the Clinical Directors explained how the Academy worked with other services. Clinicians and students were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the Academy. The Academy used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry, oral surgery and orthodontic providers.

Consent to care and treatment

A senior supervising clinician we spoke with explained how the students implemented the principles of informed consent; dental care records we saw showed that the

Are services effective?

(for example, treatment is effective)

Academy had a very clear understanding of consent issues. The dental care records contained a process that student clinicians needed to follow to ensure that consent had been obtained. The supervising clinician explained how individual treatment options, risks and benefits were discussed with each patient and then documented in a written treatment plan. They stressed the importance of the communication skills of the students when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The clinical supervisor went on to explain how students and other clinicians would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Dental care records demonstrated that students and clinicians would use the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Although the clinical bays were designed as open plan, conversations between patients and students could not be heard which protected patients' privacy. Patients' clinical records were stored in both electronic and paper format. Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the Academy not accessible to unauthorised members of the general public.

Academy computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of 12 patients prior to the day of our visit and 30 patients on the day of our visit. These provided a completely positive view of the service the service provided. All of the patients commented that the students were good at treating them with care and concern. Patients commented that treatment was explained clearly and the staff and students were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The service provided clear treatment plans to their patients that detailed possible treatment options.

It was clear that clinicians and students paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the students recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the service waiting area displayed a variety of information. These explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The service website also contained useful information to patients such as how to provide feedback to the service and details of out of hours arrangements.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots as part of the agreement in place with local NHS commissioners.

The length of patient appointment sessions was booked to take into account any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

Tackling inequity and promoting equality

The service had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other barriers that may hamper them from accessing services. A lift was available for patients who found steps a barrier.

The service used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

A wheelchair accessible toilet and nappy changing facilities were available and the service provided a hearing loop for patients who used hearing aid.

Access to the service

The service's opening hours were between 8.30am and 5pm from Monday to Thursday and 8.30am and 4pm on Friday.

All the patients we asked told us they were satisfied with the hours the service was open.

The service used the NHS 111 service to give advice in case of a dental emergency when the service was closed. This information was publicised in the service information booklet kept in the waiting area, NHS Choices website and on the telephone answering machine when the service was closed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the service team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided,

Information for patients about how to make a complaint was available in the service's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the service investigation into their complaint. The majority of patients (24 out of 30) told us they knew how to make a complaint if they had an issue.

We looked at the service procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

For example, a complaint would be acknowledged within three working days and a full response would be given in ten days. We saw a complaints log which listed five complaints received over the previous year which records confirmed all had been concluded satisfactorily.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the service were developed through a process of continual learning and improvement. The governance arrangements for this location consisted of clinical directors and an empowered business manager who was responsible for the day to day running of the service.

The service maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review on a regular basis.

Leadership, openness and transparency

Effective leadership was provided by the business manager and clinical directors. The Academy ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the service manager. There was a no blame culture within the service. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the service facilities. Staff reported that the senior management team was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the service and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that all staff received an annual appraisal. There was a system of peer review in place to facilitate the learning and development needs of the dentists and dental nurses which took place on an annual basis.

We found there was a rolling programme of clinical and non-clinical audits taking place at the service. These included infection control, clinical record keeping and X-ray quality, antimicrobial prescribing and the key performance indicators set by the local NHS commissioners. The audits demonstrated a comprehensive process where the service had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the service were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the service ethos was that all staff should receive appropriate training and development.

The service encouraged staff to carry out professional development wherever possible. The service used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses.

The service ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography (X-rays).

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

The service gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

The service was listed on NHS Choices website and information was up to date and patient feedback was responded to.

Results of the most recent patient survey carried indicated that 97% of patients, who responded, said they would recommend the service to a family member or friend.

As a result of patient feedback the service introduced more varied reading material in the waiting area.

Staff told us that the clinicians were very approachable and they felt they could give their views about how things were done at the service. Staff told us that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements. For example, changes included the rescheduling of the start time of the daily staff 'stand up' meeting to allow staff to drop of their children at school first.