Illumident Ltd

Brixworth Village Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Brixworth Village Dental Practice (also known as Brixworth Dental Practice) is a dental surgery in the Northamptonshire village of Brixworth.

The practice provides general dental treatment to adults and children funded privately. They also offer dental implants (a dental implant is a metal post that is placed surgically into the jaw bone, it can be used to support a single tooth more implants can support multiple teeth) and orthodontic treatment (where malpositioned teeth are repositioned to give a better appearance and improved function).

The dental awards 2016 awarded the principal dentist with the title 'Dentist of the year', and other members of the team were finalists in their field in 2015 and 2016.

The practice is open from 8.30 am to 6 pm Monday and Tuesday, 8.30 am to 5 pm on Wednesday. 10.30 am to 7 pm on a Thursday, 8.30 am to 4 pm on a Friday and Saturday morning by appointment only.

The practice had three dental treatment rooms, a reception and waiting area, a patient toilet and a treatment co-ordinators room. There was a staff room and dedicated decontamination room for staff.

Summary of findings

The principal dentist is 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'. 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 received feedback from patients who attend the practice by way of comment cards which were left on the premises for the two weeks preceding the inspection. 50 patients gave feedback in this way and their comments were overwhelmingly positive.

Our key findings were:

- The practice was visibly clean.
- Patients commented that they received excellent care, staff were friendly and professional and appointments were flexible.
- Infection control standards were in line with national guidance.
- The practice kept medicines and equipment for use in a medical emergency these were in line with published guidance.
- There was appropriate equipment for staff to carry out the services on offer.
- Clinicians kept comprehensive patient care records which were accurate, detailed and contemporaneous.
- Governance arrangements were in place for the smooth running of the service.
- Staff had approached a local school, nursery and children's group and given oral health talks to the children to engage them in their oral health.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the labelling of medicines that are dispensed giving due regard to schedule 26 of the Human Medicines Regulations 2012.

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.

Appropriate pre- employment checks were undertaken to ensure that the practice employed fit and proper persons, consideration had been given to repeating disclosure and barring service checks.

Use of X-rays on the premises was in line with the Regulations.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. Infection control procedures were audited to ensure they remained effective.

No action ✓

Are services effective?

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

Clinicians carried out a detailed and comprehensive screening of oral health including gum health, risk of decay and risk of cancer.

Staff demonstrated a commitment to oral health promotion.

Staff had a good understanding of the Mental Capacity Act 2005 and its role in a practice setting, although they seemed less sure on the application of Gillick competency and its role is establishing whether a child under the age of 16 could consent for themselves.

No action ✓

Are services caring?

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

Patients commented that staff were always friendly and considerate and were able to put nervous patients at ease.

Staff routinely called patients that had undergone an extraction, or had a fixed brace fitted to ensure that they were managing their pain effectively.

Patients felt involved in decisions about their treatment and treatment leaflets were given to patients to assist them in making choices.

No action ✓

Are services responsive to people's needs?

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

The practice offered flexibility to patients who have commitments during normal working hours by offering evening and weekend appointments.

The practice made every effort to see emergency patients on the day they contacted the practice.

No action ✓

Summary of findings

The practice was wheelchair accessible on the ground floor.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The practice had a series of policies to assist in the smooth running of the practice. Clinical audit was used as a tool to highlight areas where improvements could be made. Feedback was obtained from patients by electronic surveys sent out after treatment. In addition new patient surveys and staff surveys were also arranged.	**No action**

Brixworth Village Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 12 September 2016. The inspection team consisted of a lead Care Quality Commission (CQC) inspector, a second CQC inspector and a dental specialist advisor.

Before the inspection we asked the practice for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with a dentist, two dental nurses, a trainee dental nurse and the practice business manager. We reviewed policies, procedures and other documents. We received feedback from 50 patients about the dental 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 practice had systems in place to report, investigate and learn from significant events and near misses. These were recorded on one of two templates. A significant incident template or an accident template. Examples of these that we inspected demonstrated clear investigation and learning feedback.

A duty of candour was evident and encouraged through the significant incident reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and relevant alerts disseminated to the staff.

The practice kept a log of events including significant events and complaints; this helped to identify any specific trends they could then be addressed in a timely manner. Accidents were not added to the events log, but could be useful in that context.

The practice were aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Accident forms prompted staff to consider whether a report should be made. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place for safeguarding vulnerable adults and child protection which was dated in May 2016. In addition an action plan had been completed which ensured that the practice had taken all necessary steps to empower staff to raise a concern should the situation arise.

A flow chart detailing the actions a staff member may take if concerned was displayed in the staff room and contact numbers for raising a concern were available in the folder. The contact number for the local Multi-Agency Safeguarding Hub which was in the file was also added to the displayed poster for ease of access.

All staff had received training in safeguarding appropriate to their role.

The practice had an up to date employers' liability insurance certificate which was due for renewal in January 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We asked the clinician about measures taken to reduce the risks involved in performing root canal treatment. The practice used rubber dam routinely (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The British Endodontic Society recommends the use of rubber dam for root canal treatment.

We spoke with staff about the procedures in place to reduce the risk of sharps injury in the practice. The practice used a system of safer sharps syringes. These allow a plastic tube to be drawn up over the needle and locked into place reducing the risk of accidental injury. This met with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation.

The practice used conventional matrix bands which the dental nurses dismantled. A matrix band is a thin metal strip in a holder than be very sharp; it is used around a tooth when placing certain fillings. Removing the band from the holder carries a risk of injury. Following the inspection the practice implemented a new policy whereby dentists who were happy to trial disposable matrix bands (which do not carry the risk of removing the band) could do so, and if dentists wished to remain using conventional matrix bands they took responsibility for removing the bands themselves.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were available in line with the recommendations of the British National

Are services safe?

Formulary. Aspirin is recommended for use in the event of a heart attack, although the practice had aspirin there was no dose on the packaging. Following our inspection this was immediately replaced.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included 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.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise.

Staff had all undertaken medical emergencies training and the medicines were arranged in coloured packets according clinical emergency so that the correct medicines could be delivered in a timely fashion.

Staff recruitment

We looked at the staff recruitment files for four staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS 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.

All staff had a DBS check in place as per the practice policy and all other recruitment checks were in line with regulation. Consideration had been given to repeating staff DBS checks and a protocol had been put into place to undertake this next year.

Monitoring health & safety and responding to risks

The practice had systems in place to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was updated in August 2016 and was available for all staff to reference in hard copy form. A health and safety risk assessment had been carried out on 26 August 2016 and included risk assessment form blood and saliva, sharps, clinical waste and gas cylinders.

A fire risk assessment had been carried out in April 2016, and staff undertook monthly fire drills and fire alarm tests. Staff we spoke with could describe their actions in the event of a fire including the external muster point following evacuation of the premises.

There were comprehensive arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place which had been reviewed in September 2016. This included topics such as decontamination of dental instruments and general cleaning of the premises.

The decontamination process was performed in a dedicated decontamination room we observed the process being carried out by a dental nurse.

Instruments were cleaned manually in a dedicated sink before being further cleaned in an ultrasonic bath (this is designed to clean dental instruments by passing ultrasonic waves through a liquid). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave. After this the instruments were placed in pouches and dated with a use by date.

Through the process appropriate personal protective equipment was worn, and appropriate tests were completed on the process to ensure it remained effective.

Are services safe?

The practice demonstrated appropriate storage and disposal of clinical waste. Waste consignment notices were seen. Clinical waste was stored appropriately prior to removal from the premises.

All clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact). Evidence of this was retained in the staff recruitment files. The practice were aware that certain staff had not responded to the vaccination and risk assessments were in place to reduce these staff's risk of an injury.

The practice employed a cleaner who cleaned daily. The practice conformed to national guidance for colour coding cleaning equipment, and we were shown audits of the standard of cleaning carried out.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment was carried out by an external contractor in October 2014 this highlighted several actions to undertake to reduce the risk. In addition an internal assessment had been completed in June 2016. We saw evidence that the highlighted actions were being completed although not always at the specified time intervals. Following our inspection the practice immediately altered the paperwork to make the time intervals clearer.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out a range of dental procedures.

The practice had a schedule of maintenance detailing when equipment needed servicing or testing. The air compressor and autoclave had been serviced and tested in June 2016. Fire equipment and alarm had also been serviced in the last year.

The ultrasonic cleaner had not been recently validated although the practice were completing the necessary performance tests.

The practice had some antibiotics in stock to dispense to patients. The labelling of these medicines for patients was not in accordance with the requirements of schedule 26 of the Human Medicines Regulations 2012.

Radiography (X-rays)

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

The practice had an intra-oral X-ray machine in two of the treatment rooms; these can take an image of one or a few teeth at a time. The practice displayed the 'local rules' of the X-ray machine on the wall, but these were not specific to each machine and did not contain schematics of the controlled zone for each machine. Following the inspection these were updated and made specific for each unit.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which demonstrated that all of the X-ray machines had undergone testing and servicing in line with current regulation.

Clinical staff were up to date with radiation training as specified by the General Dental Council. The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with a dentist and we saw patient care records to illustrate our discussions.

Medical history forms were available for patients to download and fill in before their first appointment; alternatively they could fill them in on arrival. These were completed and signed at every examination appointment and checked verbally at every visit in between. In this way the practice could be assured of being made aware of any changes to a patient's medical history that may affect their treatment.

The practice carried out a comprehensive assessment of oral health including screening soft tissues, and assessing risk of decay, gum disease and cancer.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment needed in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. A justification, grade of quality and report of the X-ray taken was documented in the dental care record.

Health promotion & prevention

The practice demonstrated a commitment to oral health promotion. Smoking and alcohol use were recorded on the medical history forms and an oral hygiene assessment was made during an examination. Clinicians used this information to introduce a discussion about oral health.

Most staff were aware of the local services available to help stop smoking and information leaflets were available.

A chart detailing the amount of sugar in certain popular drinks was on display in the waiting area, as well as information to read in the patient information folder, and leaflets to take away.

A leaflet specifically on caring for children's teeth detailed the challenges and advice for dealing with teeth from birth through to the teenage years.

Staff from the practice had approached schools and children's clubs locally and had delivered oral health talks to several groups.

Staffing

The practice was staffed by six dentists (who all worked part-time), a dental hygienist/ therapist three qualified dental nurses, a trainee dental nurse, a receptionist, a business manager and a cleaner. Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC).

The practice aimed to have a dentist available at the practice five days a week, however in the event of holidays this was not always the case.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

The practice was able to track the referrals made out of the practice through the computer system, but there was no

Are services effective?

(for example, treatment is effective)

specific system in place to ensure referrals made to the hospital in regard of suspicious pathology was followed up, or confirmation obtained that the hospital had received the referral in a timely manner.

Following our inspection a system was put into place whereby staff sent referrals by registered mail, and followed up with a phone call.

Consent to care and treatment

Staff we spoke with described a thorough process for obtaining full, valid and informed consent. This included discussing the options for treatment, as well as any alternatives, and the advantages and disadvantages of any particular option. The treatment rooms had screens on the ceiling which enabled clinicians to show patients the concerning area with the use of an intra-oral camera. In addition leaflets were available for a number of treatments so that patients could consider their option in their own time.

The practice dental nurses had a treatment co-ordinator function where a patient contemplating a complex treatment plan or orthodontics could go to a non- clinical room and have time to discuss the treatment as well as any concerns before treatment commenced.

Treatment plans were produced for all patients and were signed electronically to confirm consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Clinicians were not always clear on the situations in which a child (under the age of 16) may be able to legally consent for themselves. This is termed Gillick competence and relies on assessing the young person as having an adequate understanding of the risk and benefits of the procedure in question. Some clinicians were not confident of the application of this in practise.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments from patients indicated that patients were treated with dignity and respect and that they would go out of their way to accommodate the individual needs of the patients. We observed patients visiting the practice and calling on the telephone being treated in a polite and professional manner.

The practice routinely telephoned patients that had either had a tooth extraction or had a fixed brace fitted the following day to ensure they were managing their pain and didn't need to be seen.

We asked staff how they kept patients' private information confidential. Patient care records were computerised and all the computers were password protected, and paper records were stored in locked cupboards. Staff explained that any patient wishing to discuss a sensitive matter would be taken to a separate room away from the waiting area to have that discussion in private.

Involvement in decisions about care and treatment

Patients received a written treatment plan detailing the treatment and costs of treatment for them to keep. Dental care records indicated that discussions had taken place.

A price list was available in the patient information folder in the waiting area, and also through the website.

Patients commented that they felt listened to and explanations given were detailed and clear.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

The practice offered evening appointments for a dentist and hygienist until 7 pm on a Thursday and some Saturday appointments. This allowed flexibility in booking for patients wo had commitments during normal working hours.

The practice sent text and e-mail reminders of appointments, and followed these up with a phone call to confirm the appointment arranged was still suitable.

If a patient failed to attend an appointment the practice would make attempts to contact them. In this way patients were encouraged to attend their recalls and maintain their oral health.

The software system that the practice used had functionality to maintain a late cancellation list for certain appointments at certain times. Therefore if a patient cancelled an appointment at a popular time (such as an evening appointment) the practice would immediately be able to offer that appointment to a patient that wanted it.

Patients commented that they were able to get an appointment in a timely manner and that they rarely had to wait to be seen beyond their appointment time.

Tackling inequity and promoting equality

Practice staff told us that they welcomed patients from all backgrounds, cultures and religions and treated all patients according to their individual needs.

We spoke to staff about ways in which they assisted those with individual needs attending the practice. The practice offered wheelchair access. In front of the premises was a kerb; although a drop kerb further along the path would afford access to the front door the practice also had access to a temporary ramp to facilitate this.

The practice was glass fronted allowing reception staff to see who was approaching and be able to assist them if required. The practice had considered a disability discrimination audit in July 2016 and had not elicited any required actions from it.

The practice did not have a hearing loop to assist those using hearing aids, and did not have access to an interpreting service, although we were told they had never experienced the need of either. Following our inspection the practice has had a meeting regarding further ways they could assist patients who are hard or hearing or for whom English was not their first language.

Access to the service

The practice was open from 8.30 am to 6 pm Monday and Tuesday, 8.30 am to 5 pm on Wednesday. 10.30 am to 7 pm on a Thursday, 8.30 am to 4 pm on a Friday and Saturday morning by appointment only.

At the weekend the dentists took part in an on call rota and a mobile number was available from the answerphone to be put in touch with a dental nurse and a dentist if necessary. Patients who had implants fitted were given a mobile number to call if they experienced problems.

Out of hours in the weekdays this provision was not in place, and the answerphone only suggested leaving a message to be contacted the next day. We discussed scenarios with the practice staff and received information that following our inspection they would make changes to the answerphone message to indicate how a patient could get help in an emergency.

The practice would arrange to see a patient in pain on the day they contacted the service, even if it could not be with the dentist they normally see. In the event of a dentist not being available patients could be directed to another practice where the principal dentist also worked, and where close ties existed between that practice and this.

Concerns & complaints

The practice had a policy on handling complaints; this was available for patients to reference in the patient information folder and could also be accessed from the website. The policy directed patients in how to complain directly to the service, and also gave details of agencies through whom a complaint may also be raised.

Are services responsive to people's needs?

(for example, to feedback?)

We were shown examples of complaints that had been received and investigated by the practice, the practice's duty of candour was evident through these investigations. Complaints were discussed with staff to prevent reoccurrence.

We saw evidence of feedback from complaints in the form of a memorandum that had been sent to all staff to sign to indicate an immediate change to an invoicing term as a patient had misunderstood and raised a complaint. The practice responded to ensure that the situation could not arise again.

Are services well-led?

Our findings

Governance arrangements

The principal dentist (who was the registered manager) visited the practice once a fortnight and so the business manager took responsibility for the day to day running of the practice, although the registered manager was kept informed daily. In addition other staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the practice team.

Following the inspection we heard from the business manager that they had discussed the role of registered manager within the practice and intended to change the registered manager to the business manager.

The practice had policies and procedures in place to assist in the smooth running of the service, all staff members were involved in governance procedures across the practice. Policies were noted in infection control, health and safety, complaints handling and safeguarding children and vulnerable adults.

Staff meetings took place monthly and although they were not often attended by the dentists they were kept informed by way of e-mails and memos.

Leadership, openness and transparency

Staff reported an open and honest culture where they felt supported to raise concerns. Communication across the team was reported as being constant and easy.

The practice displayed a policy on duty of candour explaining the practice's commitment to being open and honest.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals most recently on 29 March 2016. This highlighted no causes for concern. Further audits were shown on hand hygiene, domestic cleaning, safe use of X-ray equipment, care standards and record keeping. An audit of X-ray quality was completed for each clinician on 15 August 2016 and the results had been analysed to establish where improvements could be made.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

An internal support staff training meeting in August 2016 revised topics such as fire safety and accident reporting to ensure that all their knowledge was up to date.

The practice had a trainee dental nurse who was undertaking her dental nurse training course. She received support from her qualified nursing colleagues as well as the dentist and she worked with most of the dentists in the practice to assist in her learning.

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

The practice sent out new patient feedback forms after a patient attended the practice for the first time. At the completion of orthodontic treatment they also asked for a testimonial from all patients and sent an electronic survey. These were analysed and discussed at practice meetings.

Staff were also surveyed and the results of this were minuted for discussion at the next staff meeting. Staff felt confident to raise any thoughts and demonstrated their close working relationships where all opinions were valued and appreciated.