

## Oakleigh Dental Practice

# Oakleigh Dental Practice

## Inspection Report

103 Spies Lane

Halesowen

West Midlands

B62 9SS

Tel: 0121 421 4199

Website: [www.oakleighdental.co.uk](http://www.oakleighdental.co.uk)

Date of inspection visit: 30 January 2018

Date of publication: 09/03/2018

### Overall summary

We carried out this announced inspection on 30 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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**

Oakleigh Dental practice is in Halesowen and provides NHS and private treatment to patients of all ages.

There is ramped access to the rear of the practice for people who use wheelchairs and pushchairs. Four car parking spaces are available at the front of the practice and parking is also available on local side roads and in a pay and display car park near the practice.

The dental team includes three dentists, five dental nurses, (two of which also act as assistant managers and one is the practice manager) a dental therapist and a reception manager. The practice has four treatment rooms.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Oakleigh Dental practice was one of the partners and was present during this inspection.

On the day of inspection we received feedback from 42 patients and this information gave us a positive view of the practice.

During the inspection we spoke with two dentists (including the registered manager), five dental nurses (including two assistant managers and the practice manager), one dental hygiene therapist and the reception manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9am to 8pm on Monday, 9am to 6pm on Tuesday and Thursday, 8am to 6pm on Wednesday and 8am to 5pm on Friday.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Infection prevention and control audits were completed four times per year, which is over and above the recommendations set out in HTM 01-05.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but these were purchased during the inspection.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team. Staff were given lead roles and took pride in these roles.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. An annual meeting was also held to discuss any complaints and monitor any themes.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No  
action  


### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent quality, professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Some improvements were implemented to monitoring systems in place to ensure referrals were received and acted upon.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No  
action  


### Are services caring?

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

We received feedback about the practice from 42 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, polite and attentive. They said that they were given detailed information and explanations and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Dental care had been provided to a vulnerable person who was in dental pain, but was not registered with the practice.

No  
action  


# Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Staff had the opportunity to contribute ideas and suggestions and these were recorded in meeting minutes. Formal practice meetings were held once per fortnight and informal huddle meetings held twice per week. Staff were also provided information via a WhatsApp group when information was to be shared immediately.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No  
action**  




# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. These policies were reviewed on an annual basis and updated if required. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had developed a de-escalation policy. Discussions held following an accident or incident were recorded with details of actions taken and reflection on how the incident could have been handled better. Staff attended in-house training regarding accidents and incidents. Discussions were held during practice meetings, staff spoken with confirmed this and discussed a recent event and the changes made at the practice as a result of their investigation into the incident.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice had a WhatsApp group and used this to communicate and send information to staff. We were told that safety alerts were sent to staff via this method. Relevant alerts were also discussed with staff during practice meetings, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Each staff member was given a safeguarding file which contained information regarding signs of abuse, relevant legislation, copies of the practice's policies and procedures and contact details for the local safeguarding authority. We saw evidence that staff received in-house safeguarding training on a six monthly basis and training provided by an external training company every three years. The practice manager was the named lead for safeguarding and a dental nurse was the safeguarding support. Staff knew about the signs and symptoms of

abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy of this information was also kept off the premises. Emergency contact details; including staff and other dental practices within the area who had agreed to provide assistance in case of emergency were available.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff also completed regular simulated training scenarios regarding medical emergencies.

Not all of the emergency equipment and medicines were available as described in recognised guidance. The practice manager ordered the missing equipment on the day of inspection and following this inspection we were provided with a payment invoice as proof of purchase. Emergency equipment was stored in various separate bags and therefore may be difficult to access all equipment in a timely fashion in an emergency. The practice manager confirmed that they would purchase a more suitable storage container. Following this inspection we were forwarded a copy of a policy regarding storage of emergency medicines and equipment. This clearly identified the requirements regarding the storage and regular checking of emergency medicines and equipment.

Staff kept records of their checks to make sure emergency medicines and equipment were available, within their expiry date, and in working order. The automated external defibrillator was checked on a daily basis by staff and other equipment and medicines for use in an emergency were checked on a weekly basis.



# Are services safe?

Bodily fluid spillage, eyewash and mercury spillage kits were available to deal with any incidents.

## Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. Upon employment staff were given a copy of the employee handbook which was adapted for each job role. The employee handbook contained information such as copies of the relevant job descriptions and policies and procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. For example risk assessments were available regarding health and safety, display screen equipment, prevention of blood borne viruses and a general practice risk assessment.

The practice had a fire safety file. We saw information to demonstrate that regular checks were completed of fire safety equipment and there was evidence of routine service and maintenance completed by external professionals. The file also contained a fire risk assessment, a record of fire drills (seven fire drills had taken place during 2017), a fire marshal checklist and information regarding fire marshal's duties. We saw evidence that all staff had completed fire safety training in November 2017 and we were told that update training had been booked for March 2018.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We observed a decontamination process taking place and saw that staff were not wearing heavy duty gloves and were not using a long handled scrubbing brush to clean equipment. We were told that these items would be ordered immediately. Following this inspection we were forwarded a copy of a purchase invoice to demonstrate that these items had been purchased and were awaiting delivery to the practice. We saw that once sterilised all equipment was being stored in one treatment room. Staff told us that they had previously been advised to store equipment this way but would move equipment to be stored in each individual treatment room. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits four times a year. The latest audit showed the practice was meeting the required standards with a 99% compliance score. The practice manager observed CCTV footage on an ad hoc basis to monitor decontamination processes. Staff were aware of this; we were told that where deficiencies were identified additional training was provided and further guidance given to staff.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment conducted by an external organisation. The practice had a copy of the risk assessment completed in January 2015 and a further risk assessment had been completed in January 2018. The practice were waiting to receive a copy of this risk assessment. Following this inspection we were forwarded a copy of the January 2018 legionella risk assessment.

An external cleaning company cleaned the practice for part of the week and staff cleaned on the remaining days when the practice was open. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines



# Are services safe?

Portable appliance checks were being completed on an annual basis and we saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. We saw that the emergency medicine Glucagon was being stored in the fridge. Staff were not monitoring and recording the temperature of the fridge to ensure that the medication was being stored at the correct temperature. Following this inspection we received a copy of a policy regarding the storage of Glucagon; this detailed the various storage requirements and confirmed that the Glucagon at Oakleigh dental practice would be stored with the emergency medicines at room temperature. The expiry date of the Glucagon would be reduced accordingly.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. We noted that some X-rays had been graded incorrectly. This had been identified in the recent completed X-ray audit. We were shown the X-ray audits for 2015 and 2017. Following this inspection we were forwarded a radiography action plan. This described the methods to be implemented to reduce errors when taking and grading X-rays. X-rays audits were now to be completed twice per year and not annually as had been taking place previously.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

No action



## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We did not see evidence that dentists were recording the basic periodontal examination (BPE) score for children aged seven years and over. Following this inspection we were forwarded a copy of a newly developed policy for the BPE of children aged seven plus and adolescents. Guidance regarding this was also available for staff.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We were shown an audit dated 2015 and the findings of audits completed in February and August 2016 and 2017.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Patients were given information regarding local smoking cessation clinics if required. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. The practice completed an oral cancer audit on a regular basis.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We were told that newly employed staff were chaperoned for up to three months by a 'buddy' who worked at the practice. One of the assistant managers or the practice manager buddied clinical staff. The reception manager provided reception training. We were told that there was a three month probationary period for newly employed staff. This was an informal process with regular weekly meetings held. A

supervisor report was completed at the end of every clinical session. This included information on what the staff member did well and what needed improving. A formal process was in place at the end of the probationary period which included obtaining feedback from the dentists and therapist who worked at the practice.

We saw that a training file was available for each member of staff. This contained copies of training certificates. The practice manager had systems in place to monitor staff training to ensure that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly, but were not monitoring routine referrals to ensure referral letters had been received and had been processed. Following this inspection we were forwarded a copy of a detailed referral log which had been implemented at the practice. This tracked the referral through the process and recorded the date any correspondence was received at the practice and details of any action taken. The practice also developed a referral logging policy which required staff to check their referral log and track referrals on a weekly basis.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Dentists were



# Are services effective?

(for example, treatment is effective)

No action



aware of the guidelines relating to competency principles when treating any young person aged under 16 years. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, compassionate and friendly. We saw that staff treated patients in a polite and kind manner and were friendly towards patients at the reception desk and over the telephone. Patients also commented that they were treated with dignity and respect.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Closed circuit television (CCTV) was in place throughout the practice and notices informing patients of this were on display.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and the waiting room and there were magazines and television in the ground floor waiting room. The practice provided drinking water, tea and coffee upon request.

Information on display in the waiting area for patients to read included; information posters and leaflets, copies of policies such as duty of candour, fair access, diversity and inclusion, copies of staff safeguarding training certificates, legionella risk assessment and the GDC nine principles.

### Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We were told that treatment was explained carefully and carried out efficiently. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment. The practice used the images from an intra-oral camera to show patients the inside of their mouth. Patients said that this helped them to understand any dental problems and treatments required.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as root canal treatment, dental implants and veneers.

# Are services responsive to people with disabilities?

(for example, to feedback?)

No action



## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Patients told us that they always got an appointment at a time that suited them. We were told that the practice operated a cancellation list and patients had been contacted to offer an appointment at an earlier date if this suited them. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described the adjustments made to ensure that the patient's needs were met.

The team were aware of anxious patients and tried to ensure that the dentist could see them as soon as possible after they arrived. Notes on patient's dental care records alerted the dentist if a patient was anxious.

Staff told us that they telephoned and sent letters to patients to remind them of their appointment. This helped to reduce the number of patients who fail to attend their appointment.

The practice were contracted to undertake a small number of domiciliary visits each year. Dentists always attended these visits with a dental nurse and took emergency medicines and equipment with them. Dentists completed a risk assessment for the premises they were visiting. A discussion was held regarding the removal of the emergency medicines and equipment from the premises when the practice was open to patients. We were told that in future domiciliary visits would only be completed when the practice was closed and therefore the emergency medicines and equipment would not be required at the practice. Following this inspection we were forwarded a copy of a risk assessment regarding emergency medicines and equipment for domiciliary visits, an emergency medicines and equipment record sheet for domiciliary visits and an audit of emergency medicines and equipment

when taken off site. This helped to ensure that all emergency equipment that was taken off site when conducting domiciliary visits was returned and available for use at the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the side of the practice, a stair lift to gain access to the first floor treatment rooms, a hearing loop, and a magnifying glass. The side door to the practice was kept locked, a door bell was used to alert staff that a patient required entry to the practice via this door. The practice did not provide an accessible toilet with hand rails and a call bell; we were told that patients who wished to register with the practice were informed of this.

Staff said they could provide information in different formats to meet individual patients' needs. Staff at the practice were able to communicate in Hindi, Urdu and Punjabi. They had access to interpreter/translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for each dentist for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice manager confirmed that they would see patients in dental pain even if they were not registered at the practice. We were told about an occasion when a patient in vulnerable circumstances who was not registered at the practice was treated to relieve their dental pain.

### Concerns & complaints

# Are services responsive to people's views? (for example, to feedback?)

No action



The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 24 months and discussed the most recent complaint with the practice manager. The practice demonstrated that they responded to concerns appropriately. The practice also reviewed and responded to both positive and negative comments made on the NHS Choices website. An annual complains audit was completed. Meetings were held with staff following any complaint received and an annual meeting was held to discuss complaints and the results of the audit. These meetings were held to discuss outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice and was supported by the practice manager. The practice manager and assistant managers were responsible for the day to day running of the service. Staff knew the management arrangements. A copy of the team structure and the names of staff with details of their lead roles and responsibilities was on display behind reception and in the office.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. A copy of the practice's duty of candour policy was on display in the waiting room and staff were given a copy of this information during their induction to the practice.

Staff told us there was an open, no blame culture at the practice. They said the registered manager and practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the registered manager and practice manager were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held formal staff meetings once per fortnight where staff could raise any concerns and discuss clinical and non-clinical updates. Staff told us that they were able to add items for discussion to meeting agendas. All staff received a copy of minutes taken during meetings and signed a master copy of the minutes to confirm that they have received and read these minutes. Master copies of minutes were available in the office for staff to review as

required. Informal 'huddle' meetings were also held twice per week. Meeting minutes that we saw were very detailed and included evidence of discussions held, concerns, ideas for going forward, ideas contributed during the meeting and a record of decisions made.

Staff who held a lead role each chaired a meeting about their role, discussions were held regarding policies and procedures and information and guidance was given to staff during the meeting. The COSHH lead at the practice told us that when any new COSHH items are in use at the practice, staff were informed of this and safety is discussed as well as the advice and information for each COSHH product.

We were told about the practice's WhatsApp groups; one for all staff and a separate management group. These were used to share urgent information, for example if not all staff were available to attend a meeting.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, waste and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice used statistics provided by NHS England to help them improve their practice. We saw that a management meeting had been held to discuss the vital signs information provided regarding units of dental activity, re-attendance and the friends and family test results. As a result of these statistics we were told that dentists were now offering more preventative information to patients and the 'Change4life' dietary advice was now incorporated into patient records.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The



## Are services well-led?

General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; patients had commented that gravel on the pathway to the side entrance of the practice made it difficult for patients who used wheelchairs. The practice had introduced a daily check to ensure that the ramped access was free from gravel. The practice manager confirmed that they were in the process of reviewing other suggestions made which would have a cost implication.

The practice sent out 100 surveys to patients during the course of a year. Responses were sent to an external organisation who analysed the information and forwarded a poster to the practice which summarised results. This poster was on display in the waiting room.

The practice also had a comment book and suggestions box. The practice leaflet informed patients that they welcomed suggestions and encouraged patients to leave comments in the suggestions box available in the waiting room.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.