Barnet Smiles Dental Care Limited

Barnet Smiles Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Barnet Smiles Dental Care provides private, general dental services to patients of all ages. The team at the practice is led by a dentist. A practice manager supports the principal dentist to deliver the practice's administration and clinical governance systems. There is a team of two associate part time dentists, two part time reception staff, four part time practice nurses, student dental nurse and a practice manager (who is also a qualified dentist).

The practice is open from Monday to Thursday 8:30am to 6:30pm and Friday 8:30am to 4:30pm (closed for lunch 1-2pm).

The practice is located in a converted house. There are three treatment rooms, a reception/patient waiting area, accessible patient toilet and a dedicated room where reusable dental instruments are washed and sterilised (a process known as decontamination). The practice is accessible to patients with restricted mobility as treatment can be carried out in the ground floor treatment room.

The dentist is also 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.

Forty eight people provided feedback about the service. All patients commented positively about the care and

Summary of findings

treatment they had received and the friendly, polite and professional staff. A number of patients commented on the discussions they had with the dentist about their care and treatment; and about how they felt listened to and were made to feel relaxed.

Our key findings were:

- The practice provided a clean, well equipped environment.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- The practice had a systematic programme in place for auditing quality and safety including mandatory audits for infection control and radiography; but also additional audits for clinical note taking and health and safety.
- There was promotion of patient education to ensure good oral health.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Some patients lived at a local care home for people with learning disabilities. The manager of the care home was positive about the kindness of reception staff at Barnet Smile Dental Care and about how dentists explained care and treatment.
- A large number of patients commented positively about staff interaction which helped ensure that they were relaxed and felt comfortable.
- The practice had an accessible and visible leadership team. Staff told us they felt supported by the dentist and practice manager.
- Governance and practice management systems were effective.
- In February 2015, Barnet Smiles Dental Care was awarded the 'Investors in People National Standard.' The practice manager spoke positively about how working towards the award had improved practice manage systems and the delivery of well led care and treatment.

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 infection prevention and control practices at the surgery followed current guidance. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times

Are services effective?

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

Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

Staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staffs who was registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentist and practice nurse. They provided patients with advice to improve and maintain good oral health. Comment card feedback was positive regarding the effectiveness of treatments.

Are services caring?

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

Comment card feedback was positive about how the practice and staff were caring and sensitive to their needs. Patients also commented positively on how caring and compassionate staff were, describing them as kind, friendly and professional.

Patients were also positive about how staff listened to them and about how staff gave them appropriate information and support regarding their care or treatment. They felt the dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

Some patients receiving treatment at the practice lived at a local care home for people with learning disabilities. The manager of the care home was positive about the kindness of reception staff at the practice and about how dentists explained care and treatment.

Are services responsive to people's needs?

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

Summary of findings

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

The waiting room, patient toilet and one of the three treatment rooms were located on the ground floor and were accessible to patients with restricted mobility. The practice scheduled appointments so that patients with restricted mobility were treated in the ground floor treatment room.

Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits routinely took place.

In February 2015, Barnet Smiles Dental Care was awarded the Investors in People National Standard. The practice manager spoke positively about how achieving this award had supported the delivery of well led care and treatment.

Barnet Smiles Dental Care

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 1 October 2015. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

On the day of our inspection we looked at practice policies and protocols, and records relating to the management of the service. We spoke to the principal dentist, dental nurse and practice manager. Forty eight people provided feedback about 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 practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentist or the practice manager. Staff had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the practice manager. They were also a trained dentist and so could escalate alerts warranting immediate action.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

All staff at the practice were trained in safeguarding and the dentist was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by their continuing professional development files. A readily accessible policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents at the surgery since the provider had registered with the Care Quality Commission in 2013.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We checked dental care records to confirm our findings and noted that new patients were asked to complete a medical history and this was further confirmed by the feedback we received from patients. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment such as any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts (such as allergies) were recorded on the front of the patient's dental care record.

The dentists ensured that clinical practices reflected current guidance in relation to safety. For example the dentists routinely used rubber dam for certain procedures to ensure their patients safety and to increase the effectiveness of treatment. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

There were arrangements in place to deal with foreseeable medical emergencies. We saw that the practice had emergency medicines, oxygen and an automated external defibrillator (AED) available, in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

All staff had been trained in basic life support including the use of the defibrillator and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the personnel file of three members of staff and found that the process had been followed.

All staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (this is Insurance which professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

Are services safe?

The practice had carried out a practice-wide risk assessment in 2014 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health 2002 Regulations (COSHH) and there had been a COSHH risk assessment undertaken for certain materials used at the practice, to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment room.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were aware of the safe practices as published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05). Decontamination refers to the process of cleaning and sterilising reusable dental instruments.

The equipment used for cleaning and sterilising dental instruments were maintained and serviced as set out by the manufacturer's instructions. Weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order.

Decontamination of dental instruments was carried out in a separate decontamination room in line with current guidance. The dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria (Legionella is a particular bacteria which can contaminate water systems in buildings).

Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines. This mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

The practice undertook six monthly infection prevention and control audits in accordance with HTM 01-05 and regular hand hygiene and domestic cleaning audits.

The practice manager explained that the practice used a washer disinfector for cleaning used dental instruments and we noted that practice had a written a protocol for manual cleaning in the event that the washer disinfector was not working. We were able to confirm that the equipment listed in the protocol was available at the practice.

Equipment and medicines

We were shown a file of risk assessments covering many aspects of clinical governance. These were well maintained and up to date. The practice manager had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice such as the x-ray sets and the compressor were maintained in accordance with the manufacturer's instructions. This confirmed to us that all the equipment was functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given

their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These drugs were stored safely for the protection of patients.

Radiography (X-rays)

Individuals were named as radiation protection adviser (RPA) and radiation protection supervisor (RPS) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with a three yearly maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with the principal dentist the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We checked a sample of dental care records where dental X-rays had been taken. The records showed that dental x-rays when taken were justified and reported in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR ME R 2000). The records contained a quality assurance grade, and all X-rays had been graded '1' because there were no positioning or processing errors evident. We saw X-ray holders in the treatment rooms. These ensured good placing in the patient's mouth which contributed to good quality images. The X-rays were correctly mounted and labelled in accordance with current guidelines.

Dental X-rays were prescribed according to current selection criteria guidelines with the practice having their own written protocol in place. To prevent patients receiving dental X-rays at inappropriate intervals, the dentist recorded electronically when previous X-ray assessments had been carried out. When X-rays were taken, the records showed that the reasons for taking the X-rays and the findings were recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dental assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included 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.

Patient feedback was positive regarding patients feeling informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentists provided patients with advice to improve and maintain good oral health. For example, a patient we spoke with told us that they were well informed about the use of fluoride paste on oral health. Comment card feedback was also positive regarding advice on oral health. Staff were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The dentist's role included treating gum disease and giving advice about the prevention of decay and gum disease such as advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time. All staff had carried out basic life support training within the last twelve months. They trained together at the practice to ensure they knew their roles and responsibilities should an emergency arise.

Records showed staff were up to date with their continuing professional development (CPD). All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration. Staff records showed professional registration was up to date for all staff and that they were all covered by personal indemnity insurance.

We were told there had been no instances of the dentist working without appropriate support from the dental nurse. We noted that the practice manager was also a qualified dentist.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment.

The practice referred patients for secondary (hospital) or community dental care when necessary.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. They also explained how advanced periodontal cases were referred for specialist treatment. Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Comment card feedback highlighted that the dentist was good at explaining treatments and we noted that these discussions were recorded in patient's dental care records. Patients were provided with a written treatment plan for every treatment; this included information about the financial and time commitment of their treatment and an outline of the possible risks. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to

Are services effective?

(for example, treatment is effective)

consent to the proposed treatment. The dental care records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. The dentist told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient. Where patients did not have the capacity to consent, the dentist acted in their best interests and all patients were treated with dignity and respect. Some patients lived at a local care home for people with learning disabilities. The manager was positive about how dentists explained care and treatment; and sought consent.

Patient feedback was positive regarding how they were informed about their treatment and about how they were given time to consider their options before giving their consent to the different stages of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from forty eight patients. All patients commented positively about the caring and compassionate staff, describing them as friendly, kind and professional. A large number of patients commented positively about staff interaction which helped ensure that they were relaxed and felt comfortable. Reception staff told us how ensured that nervous patients were treated with compassion and respect.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the inter action between staff and patients and found that confidentiality was being maintained. Records were held securely.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contact them at home later that day or the next day, to check on their welfare.

Comment card feedback highlighted that patients felt listened to by all staff. We observed the practice manager and dentist interacting with patients before and after their treatment and speaking with patients on the telephone. Staff were polite, respectful and reassuring in all situations.

Also, although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting area.

Involvement in decisions about care and treatment

We saw information about private fees and the health plan offered displayed in the reception area. When we reviewed patient records they showed that patients were given choices and options with respect to their dental treatment in language that they could understand.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. Where a treatment was identified, the practice told us that they also routinely explained to patients the implications of not taking any action. This allowed patients to consider all options, risks, benefits and costs before making a decision to proceed.

The patients we spoke with felt involved at every stage with the planning of their treatment and also during treatment. They felt confident in the treatment, care and advice they were given.

Some patients lived at a local care home for people with learning disabilities. The manager of the care home was positive about the kindness of reception staff at the practice and about how dentists explained care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice used a variety of methods for providing patients with information. These included a patient welcome pack given to patients when they joined the practice. The welcome pack contained detailed information about what patients could expect in terms of standards of care and treatment. The pack also had details about professional charges, opening times and how to raise concerns about the level of care provided.

The welcome pack asked patients to complete a comprehensive medical history and undertake dental questionnaire. We were told that the practice manager went through the completed questionnaire to ensure that the practice was collecting all relevant important information about patients' previous dental and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns which helped to direct the dentist in providing the most effective form of care and treatment for them.

Tackling inequity and promoting equality

The waiting room, patient toilet and one of the three treatment rooms were located on the ground floor and were accessible to patients with restricted mobility. The practice scheduled appointments so that patients with restricted mobility were treated in the ground floor treatment room. The practice also offered step fee access.

The dentist explained how they supported patients with additional needs such as a learning disability. For example, they ensured patients were supported by their carer and that there was sufficient time and use of appropriate language to ensure that the care and treatment was explained in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The practice opening hours were Monday to Thursday 8:30am to 6:30pm and Friday 8:30am to 4:30pm (closed for lunch 1-2pm). Outside of these hours the practice answer phone directed patients to call the dentist's personal telephone number if they had a dental emergency.

Concerns & complaints

All of the Care Quality Commission (CQC) comment cards completed were complimentary about the service provided. The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice information leaflet and available in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and discussed with the dentist at the end of the session. A patient we spoke with told us they knew how to raise concerns or make a complaint although they had never felt the need to complain.

We looked at four complaints that the practice had received in the last 12 months and found that they had been recorded, analysed, investigated and learning that had been identified had instigated some changes in practice. For example, the practice had installed hand rails at the main entrance following a complaint received from a patient.

We found that complainants had been responded to in a timely manner and the practice had offered an explanation, an apology and had been open and transparent about the issues that had been raised. Lessons learnt were openly discussed with staff at team meetings or personally to individual staff members if relevant.

Are services well-led?

Our findings

Governance arrangements

The practice statement of purpose indicated the overall ethos of the practice was to help patients achieve excellent standards of oral and dental health. We found that policies, procedures and risk assessments were in place to support the running of the service. We spoke at length with the practice manager. They had a good understanding of governance and their role and responsibilities regarding practice management. They had implemented a range of governance systems in this regard.

The practice manager was also responsible for the day to day running of the service. They led on the individual aspects of governance such as risk management and audits within the practice. There were robust systems in place to monitor the quality of the service. For example the infection prevention and control procedures had been audited and changes made to improve practice. There was on-going monitoring of X-rays to ensure consistent quality. We also noted that the practice had a structured audit plan; undertaking for example quarterly record keeping audits and tabling results at team meetings so as to agree improvements to the service.

Leadership, openness and transparency

There was clear leadership in the practice. The registered manager who was also the principal dentist of this service provided clinical leadership to all staff and had lead responsibility for areas such as safeguarding and X-rays.

The practice manager (who was also a qualified dentist) was responsible for audits, human resources, policies, procedures and risk assessments.

A dental nurse we spoke with told us there was an open culture within the practice and that they had the opportunity and were confident to raise issues at any time.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk. A receptionist told us that they felt valued, supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were well maintained, up to date and relevant to the practice. For example, the practice manager had carried out a risk assessment for manual handling and pregnant women when a staff member had advised them that they were pregnant. We also reviewed a number of policies which were in place to support staff. This included a whistleblowing policy.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment. Staff we spoke with on the day of the inspection felt they always received all relevant information.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

A number of clinical and non-clinical audits had been commenced where improvement areas had been identified. Any findings identified were cascaded to all staff at regular team meetings.

In February 2015, the practice was awarded the Investors in People National Standard. When we asked the practice manager how this supported the delivery of well led care and treatment, they spoke positively about, for example, the introduction of a management charter which clarified the expectations of the practice's management team and also of their role in managing the practice team.

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

Patients who used the service had been asked for their views about their care and treatment. The practice sought continuous patient feedback through a comments box in reception and we noted that these were routinely discussed at team meetings. Comments were positive with no respondents making any suggestions for any improvement.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Are services well-led?

A dental nurse and receptionist told us their views were sought informally and also formally at their appraisals. They told us their views were listened to and that they felt part of a team.