

Drakes Dental Care Limited

Drakes Dental Care - Longridge

Inspection Report

79 Berry Lane, Longridge,
Preston, PR3 3WH
Tel: 01282 775552
Website: www.drakesdentalcare.co.uk

Date of inspection visit: 2 February 2017
Date of publication: 17/03/2017

Overall summary

We carried out an announced comprehensive inspection on 2 February 2017 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

Drakes dental care - Longridge practice provides all NHS treatments with the option for patients to have private work. The reception, waiting area and one surgery are located on the ground floor. A further waiting area, two surgeries and patient toilet are located on the upper floor. Parking is available on the nearby streets. The premises can accommodate wheelchair users.

The practice is open Monday to Thursday from 09:00 to 17:00 and Friday from 09:00 to 13.00.

The practice manager 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 reviewed 19 CQC comment cards on the day of our visit; patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they were treated with dignity and respect treated in a clean and tidy environment by staff who were helpful and friendly.

Our key findings were:

Summary of findings

- The practice had a proactive approach to governance and quality assurance.
 - The practice used the outcome of audit and incidents to make improvements to the service.
 - The practice was well organised, visibly clean and free from clutter.
 - An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
 - The practice had systems for recording incidents and accidents.
 - Practice meetings were used for shared learning, training and to discuss the outcome of checks and audits.
 - The practice had a safeguarding policy and staff were aware of how to escalate safeguarding issues for children and adults should the need arise.
 - Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the Resuscitation Council (UK).
 - Dental professionals provided treatment in accordance with current professional guidelines.
 - Patient feedback was regularly sought and patients informed of any changes made as a result of feedback.
 - Patients could access urgent care when required.
 - Dental professionals were maintaining their continuing professional development in accordance with their professional registration.
 - Complaints were dealt with in an efficient and sensitive manner.
 - The practice was actively involved in promoting oral health.
 - Recruitment checks to ensure staff were suitable to work with vulnerable patients had not been undertaken for all staff.
 - Restricting patients from accessing the decontamination room could not be ensured.
- There were areas where the provider could make improvements and should:**
- Review the protocol for completing accurate and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references are suitably obtained and recorded.
 - Review the arrangements for restricting access to the decontamination room.

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.

Infection prevention and control procedures were effective and followed current guidance.

Equipment for decontamination procedures, radiography and general dental procedures were regularly tested and checked to ensure they were safe to use.

Medicines and medical equipment were stored safely.

Staff were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Relevant risk assessments were in place for the practice.

Checks to ensure staff were suitable to work with vulnerable patients had not been completed for all staff when they were recruited.

The position and layout of the decontamination room meant it was difficult to restrict patient access to the decontamination room.

No action



Are services effective?

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

Dentists were following national guidance when providing oral health care to patients, which ensured treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development.

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 19 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

No action



Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

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

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Staff had access to telephone interpreter services if required and the practice provided a range of aids for different disabilities including a lowered reception area, hearing loop, hand rails and a toilet which could accommodate mobility aids.

No action



Are services well-led?

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

The registered manager was responsible for the day-to-day running of the service. The practice had a proactive approach to governance quality assurance. The outcome of audit and analysis of incidents were used to make improvements to the service.

A comprehensive audit programme was in place, including infection prevention and control, X-rays and dental care record audits. In addition regular 'spot checks' were undertaken by the practice manager.

Staff were clear about their roles and responsibilities. Each had specific topic leads within the practice and fulfilled those roles effectively.

Staff said there was an open culture at the practice and they felt confident raising any concerns, particularly at the monthly practice meetings.

The practice owner was a member of the Local Dental Committee and was also a member of the local health and wellbeing board.

The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and patients.

No action



Drakes Dental Care – Longridge

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 2 February 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the practice owner, current registered manager, another manager, a dentist, dental therapist and a dental nurse. We reviewed policies, protocols, certificates and other documents as part of the inspection.

To get to the heart of patient's experience 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 a policy for the management of incidents, including near misses. An incident and analysis form was in place for reporting incidents. An accident book was in place to record incidents that involved an accident. The manager advised us that no incidents, accidents or significant events had occurred at the practice. The manager said that any incidents would be investigated, a risk assessment completed if necessary and a discussion would take place with the staff team to minimise a reoccurrence.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR).

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment. If the alert was relevant to the operation of the practice then it was shared with the staff at practice meetings and/or via email.

The registered provider and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the Duty of Candour principle which states the same.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Some of the dental practitioners used a safe sharps system and others re-sheathed needles using a re-sheathing device. A sharps policy and risk assessment was in place to support the arrangements for managing sharps. The manager provided us with a revised and updated sharps risk assessment shortly after the inspection. A flowchart was in place for staff to follow in the event of a sharps injury and this was located in the surgeries and decontamination room.

The registered provider told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually

latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Child and vulnerable adult safeguarding policies and procedures were in place. The manager was the designated lead for safeguarding. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training in 2016 to the appropriate level.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received basic life support training from an external company in June 2016, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice kept medicines and equipment for use in a medical emergency. These were in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were located.

A member of staff had the lead for ensuring weekly emergency equipment and medicines checks were undertaken. We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were routinely checked

Are services safe?

each week. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Mercury and bodily fluid spillage kits were in place in the event that staff should need to use them.

Staff recruitment

A recruitment policy was in place for the practice. We reviewed the recruitment file for the three most recently recruited members of staff to check that they had been recruited appropriately. Not all the required recruitment checks and documents were in place including, references from previous employment and an acceptable Disclosure and Barring Service (DBS) check for one member of staff. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. Shortly after the inspection the manager sent us a recruitment checklist to be used for any newly recruited staff to monitor that all the recruitment checks had taken place.

As part of the recruitment process staff were required to provide confirmation from their GP regarding the status of their immunisation to confirm they were suitable immunised for their role.

Monitoring health & safety and responding to risks

A health and safety policy was in place. Two different versions of a health and safety risk assessment were in place, which we queried. Shortly after the inspection the manager sent us a revised health and safety assessment.

We noted that the emergency medicines and equipment were located in an area that could be accessed by patients, although the likelihood of this happening was low. Shortly after the inspection the manager sent us a risk assessment and photographic evidence showing the measures they had put in place to minimise the risk of patients accessing the emergency medicines and equipment.

The decontamination room was located in close proximity to the upstairs patient waiting area and patient toilet; all within a very small area. Due to restricted space, the decontamination room could not facilitate a regular type

door, which meant access could not be fully restricted to patients. The practice owner was aware of this and was considering various options to restrict access to the decontamination room.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. A dedicated member of staff was responsible for ensuring the COSHH file was up-to-date and the registered provider confirmed the COSHH file was reviewed every six months and when any new products were introduced. We found the practice had in place risk assessments for the COSHH products and safety data sheets; information sheets about each hazardous product, including handling, storage and emergency measures in case of an accident.

A fire risk assessment undertaken by an external specialist fire service was in place for the premises. A member of staff was identified as a fire marshal and the manager said they were booked on a course to undertake this role. An evacuation plan was in place along with monthly visual checks to ensure fire systems were effective. These checks were not recorded and the manager said they would record these checks going forward. A record of the fire drills was maintained in the practice meeting minutes.

Infection control

An infection prevention and control (IPC) policy was in place along with an IPC risk assessment. Random IPC 'spot checks' were carried out by the manager and a record was maintained of these. One of the nurses was the dedicated lead for infection prevention and control (IPC). The manager confirmed that all staff were up-to-date with their IPC training.

We observed the nurse decontaminating instruments in the dedicated decontamination room. The dental nurse outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were exceptionally clean. Drawers and cupboards

Are services safe?

were well organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in November 2016. Processes were in place, such as monthly temperature checks of all water outlets to ensure water temperatures were within safe temperature parameters.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and the registered manager confirmed that all types of waste, including sharps, gypsum and amalgam was collected on a regular basis. Environmental cleaning equipment followed national guidance was coded and stored correctly.

An Infection Prevention Society (IPS) audit was carried out every six months. We saw that an action plan was produced after each audit and the actions identified were addressed. An annual IPC statement was not in place and the manager sent this through to us shortly after the inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclaves and the compressor. Portable electrical appliances were tested in September 2016 to ensure they were safe to use.

Prescription pads were stored securely. We observed a log sheet in place for prescriptions issued.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiations Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor. Maintenance certificates were contained in the file. Local rules were located next to the equipment. A radiological audit had been completed in May 2015. We were unable to locate a Health and Safety notification and the manager sent this to us shortly after the inspection.

We saw that the dentists were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. Audit results for the dentists were in accordance with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and detailed. A medical history form was completed with patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

The practice owner had installed a software system to ensure all dentists were prescribing dental treatment in accordance with current practice.

One of the dentists who carried out endodontic treatment (root canal therapy) had purchased an endodontic microscope to ensure the quality of the treatment provided to patients.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with

oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Recently one of dentists had provided an oral health promotion session to children in a local school. The dentist was waiting on feedback regarding the session to determine if further sessions would be of value.

Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed inductions for the most recent members of staff to join the practice.

Staff were required to participate in regular training and awareness sessions. These sessions were linked to the monthly practice meeting. We could see that a programme of training topics was in place for 2017. The sessions included consent, complaints, sharps and Legionella. The manager had a system in place to monitor the progress of each member of staff's continuous professional development (CPD) required for registration with the General Dental Council (GDC). We confirmed that staff were trained in medical emergencies, IPC, radiology and safeguarding.

Staff were encouraged and supported to undertake additional training. Two of the dental nurses were trained to apply fluoride varnish. Another member of staff had completed a level 2 dementia awareness course.

Staff received an annual appraisal, which was reviewed six-monthly.

Working with other services

The registered provider confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided at the practice. Referral details included patient identification, medical history, reason for referral and X-rays if relevant.

Are services effective?

(for example, treatment is effective)

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. The manager said they monitored all the referrals each week to check they had been accepted. If for any reason a referral was rejected then the practice sent it again.

Consent to care and treatment

We spoke with the staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentists explained how individual treatment options, risks, benefits and costs were discussed

with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

The staff were clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

The manager said mental capacity was discussed at practice meetings and that staff had watched a related NHS video to aid their understanding.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 19 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patient's confidential information could not be viewed by others. We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records that were stored electronically were stored securely. A small amount of paper dental records were stored in a locked cupboard. Shortly after the inspection the manager sent us evidence to confirm that these had been transferred to a metal filing cabinet in accordance with the NHS Code of Practice regarding records management.

Involvement in decisions about care and treatment

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency out-of-hours contact details, the complaint procedure and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The manager confirmed that patients needing an urgent appointment were usually seen on the day they contacted the practice even if this meant that they had to wait.

Tackling inequity and promoting equality

A disability access audit had been completed in January 2017. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. The practice was wheelchair accessible via the front door and the ground floor surgery could accommodate wheelchair users. An accessible toilet was not available. The practice owner told us that if a patient who was unable to use the stairs was being treated over a long period then this could be undertaken at their other local practice that has an accessible toilet. Staff had access to a translation service where required.

Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. We noted that the opening times were significantly different on the NHS Choices website. The manager confirmed that arrangements had recently been made to ensure the website was updated. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

A member of staff was the lead for handling complaints. A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting areas.

The practice received one complaint in the last 18 months. The manager confirmed it was in relation to a lack of parking outside the practice. As a result the manager had arranged with a local business close by to access some parking spaces.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day-to-day running of the practice. They advised us that shortly these arrangements would change as they would be managing another practice within the provider group. An alternative manager had been identified and they intended to apply to CQC to register. Both managers and the practice owner were available throughout the inspection.

The practice owner was a member of a practice accreditation scheme. Accreditation schemes require a commitment by a practice to provide dental care to nationally recognised standards. The practice owner also commissioned with an external specialist dental quality assurance company with the aim to ensure the practice was operating in accordance with applicable regulations and national guidance.

The manager took a proactive approach to governance and quality assurance. This was evident in the way the practice was assessed and monitored to improve the quality of the service and ensure high standards of care delivery. Governance arrangements included a framework of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

Policies were detailed, bespoke to the practice and were regularly reviewed. Staff had signed to indicate they had read and understood each policy. Risk management processes were in place to ensure the safety of patients and staff members and they were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, sharps injuries and IPC.

A process of unannounced 'spot checks' was in place and we saw examples of the ten checks that had been undertaken between September 2016 and January 2017. They included checks of: environmental cleanliness; uniforms; how staff answer the phone; quality of paperwork; medicines; decontamination between patients and the answerphone message. The manager confirmed that staff received feedback on the outcome of the checks.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

The manager was fully aware of the type of events that CQC require notification about and the process for making a notification.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of practice meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the manager or practice owner responded to any matters in a professional and timely manner.

We were told there was a no blame culture at the practice. Staff said they felt confident raising issues and told us the registered provider was approachable, would listen to their concerns and act appropriately. The practice held monthly meetings involving all staff members and we observed that a record was made of each meeting and that staff signed to say they had read the minutes.

Staff told us that the practice owner held an annual meeting for all staff within the group of practices. They said the meeting was both social and informative. It gave staff working within all the provider's practices an opportunity to meet each other and share good practice. Staff with an interest in a particular speciality facilitated talks. The most recent of these meetings was held in September 2016.

Learning and improvement

A comprehensive programme of clinical and non-clinical audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: IPC; DDA; antibiotic use; complaints; dental records; failed attendance for appointments and radiography. The manager provided examples of changes that had been made as a result of audit. For example, the soap dispensers were changed as a result of the findings of an IPC audit.

The practice owner was involved with the Local Dental Committee (LDC). The LDC represents dentists in a defined geographical area and provides guidance for dentists who have a contract to provide NHS dental services. The practice owner was also a member of the local health and wellbeing board. The Health and Social Care Act 2012 established health and wellbeing boards as a forum for

Are services well-led?

health leaders to work together to understand their local community's needs in order to improve the health and wellbeing of people. The practice owner said the oral health of the local community was discussed at these meetings.

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

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

allow patients to provide feedback on the services provided. The manager said each FFT feedback card was checked and the feedback received was logged every three months.

The practice also carried out its own annual survey every six months. The manager informed us that a notice was placed in the waiting to inform patients of any changes made as a result of feedback.