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# Liss Dental Practice

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 21 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**
Liss Dental Practice is a dental practice providing general dental care for both adults and children under private arrangements. The practice is situated on the first floor of a converted commercial property in Liss, a town situated in Hampshire.

The practice has two dental treatment rooms on the first floor of the premises and a separate dedicated decontamination room.

The practice employs two dentists and two dental nurses, one of whom is a trainee dental nurse.

The practice's opening hours are between 8.30am and 6.00pm on Monday and Wednesday and 8.30 am and 5.00pm Tuesday to Friday and Thursday 8.30am to 1pm.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed.

One of the practice owners 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

Before the inspection, we sent CQC comment cards to the practice for patients to complete to tell us about their

# Summary of findings

experience of the practice. We received feedback from 18 patients. These provided a completely positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

### Our key findings were:

- We found that the practice ethos was to provide high quality general dental care in a relaxed and friendly environment.
- Effective clinical and management leadership was provided by the practice owners.
- Staff had been trained to handle emergencies, appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting and shared learning of untoward incidents which occurred in the practice.
- Dentists provided dental care in accordance with current specialist professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff felt well supported by the practice owners and were committed to providing a high-quality service to their patients.
- Information from 18 completed CQC comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review the availability of a hearing loop for patients who are hearing aid users.
- Include details of The Ombudsman in the complaints policy.

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

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

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

**No action** 

**Are services effective?**

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their professional practice.

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

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

**No action** 

**Are services caring?**

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

We collected 18 completed Care Quality Commission patient comment cards. These provided a completely positive view of the service the practice provided. All the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and the dentists were good at explaining the treatment that was proposed.

**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 had a system in place to schedule enough time to assess and meet patients' needs. Patients were booked for longer appointments depending on their needs. Staff told us they treated everybody equally and where patients required additional assistance the practice would work together to assist patients.

**No action** 

# Summary of findings

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| The practice followed their complaints policy and procedures. Patients were informed about how to make a complaint. The practice acted with candour and apologised when things had not gone well. | |
| **Are services well-led?**<br>We found that this practice was providing well-led care in accordance with the relevant regulations.<br><br>The practice owners and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had effective clinical governance and risk management structures in place.<br><br>Staff told us they felt well supported and could raise any concerns with the practice owners. All the staff said they were happy in their work and the practice was a good place to work. | **No action**  |

# Liss Dental Practice

**Detailed findings**

## Background to this inspection

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

The inspection took place on 21 February 2017 and was led by a CQC inspector supported by a specialist dental adviser.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with dentists, the practice manager, dental nurses and reception staff and reviewed policies, procedures and other documents.

We reviewed 18 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

Records showed that no accidents or incidents had occurred during the last 12 months.

We discussed with the practice owner the action they would take if a significant incident occurred, they detailed a process that involved a discussion and feedback with any patient that might be involved. This indicated an understanding of their duty of candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager.

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

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

We asked the staff how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free 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 rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

One of the practice owners was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect.

Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in locations known to all staff.

# Are services safe?

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

### Staff recruitment

Clinical staff had current registration with the General Dental Council (GDC), the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. We saw checks that included proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. Staff recruitment records were stored securely to protect the confidentiality of staff personal information. We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

### Monitoring health & safety and responding to risks

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

The practice had in place a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

One of the practice owners was responsible for fire safety of the building. We saw detailed fire risk assessments and resultant action plans that minimised any potential fire risks. The practice had appropriate signage and floor plans on display and the fire extinguishers were maintained on a regular basis. An external agency provided fire protection equipment servicing. We saw that staff had undertaken fire drills on a six-monthly basis.

### Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice.

The practice had in place an effective infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that audits of infection control processes carried out in January 2017 confirmed compliance with HTM 01 05 guidelines.

We saw that the two treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the treatment rooms following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for bacterium which can contaminate water systems in buildings). We saw that a Legionella risk assessment had been carried out at the practice by a competent person in March 2011 and had been reviewed on an annual basis by the practice thereon after. The recommended procedures contained in the report were carried out and logged appropriately. This included regular flushing of the dental water lines and testing of the hot and cold water temperatures. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room where sterilisation and packaging of processed instruments took place. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process,

# Are services safe?

following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave and ultrasonic cleaning bath used in the decontamination process were working effectively. We saw the log sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. The practice carried out weekly protein residue tests and a quarterly foil test for the ultrasonic cleaning bath and recorded the results on an appropriate log sheet.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Waste consignment notices were available for inspection. Environment cleaning was carried out by an external cleaner to cleaning plans developed by the practice. These cleaning plans were available for inspection which were completed by the cleaner each day.

### Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in September 2016. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations in April 2014 and were due to be tested again in April 2017. The practice compressor had been serviced in October 2016 in accordance with the Pressure Vessel Regulations 1999.

Portable appliance testing (PAT) had been carried out in 2015, with regular visual checks since then. It was due to be carried out again in July 2017.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. The practice also dispensed their own medicines as part of a patients' dental treatment, these medicines were a range of antibiotics. The dispensing procedures were in accordance with current secondary dispensing guidelines and medicines were stored according to manufacturer's instructions and were stored securely to prevent unauthorised access by the public.

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

### Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 IR(ME)R. This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification. Included in the file were the critical examination pack for each X-ray set along with the three yearly maintenance logs and a copy of the local rules.

Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IR(ME)R 2000 Regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with a dentist on the day of our visit. They described they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained.

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

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. The dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition.

They also provided advice including tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

### Staffing

The practice employed two dentists, one dental nurse, one trainee nurse and a practice manager. We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the GDC.

We noted that the external name plate which detailed names of the dentists working at the practice did not include their GDC registration number in accordance with GDC guidance from March 2012.

Staff told us there were enough staff working at the practice. Staff we spoke with told us they felt supported by the practice owners and the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

There was a structured induction programme in place for new members of staff.

### Working with other services

Staff explained how the practice worked with other services. Dentists could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as orthodontics or oral surgery.

### Consent to care and treatment

A dentist we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they understood their treatment options.

# Are services effective?

## (for example, treatment is effective)

The dentist went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

The dentist was also familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed always when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy.

Patients' clinical records were stored in both electronic and paper formats.

Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the public.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception.

Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent CQC comment cards so patients could tell us about their experience of the practice. We collected 18 completed CQC patient comment cards. All comments provided a positive view of the service and patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was calm, welcoming and friendly.

### Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs.

The dentist we spoke with paid attention to patient involvement when drawing up individual care plans. We saw evidence in the dental care records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

The dentists decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice was situated on the first floor of a converted commercial building and had no access for patients that experienced limited mobility. Enquiries from such individuals were referred to other local practices.

The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. We saw that the practice did not have a hearing loop which would have been of benefit to hearing aid users.

### Access to the service

The practice's opening hours are between 8.30am and 6pm on Monday and Wednesday, between 8.30 am and 5.00pm Tuesday to Friday and 8.30am to 1pm on Thursday.

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

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients.

Information for patients about how to make a complaint was available in the practice's waiting room and in the practice leaflet. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We did note that the practice information leaflet did not contain details of the Ombudsman. We pointed this out to the practice manager who assured us that this would be addressed as soon as practically possible.

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

For example, a complaint would be acknowledged within two working days and a full response would be given in 10 days. We saw a complaints log which listed one complaint received since 2010 and which had been concluded satisfactorily.

# Are services well-led?

## Our findings

### Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning and improvement. The governance arrangements for this location consisted of the practice owners who were responsible for the day to day running of the practice.

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

### Leadership, openness and transparency

The practice ethos focussed on providing patient centred quality dental care in a relaxed and friendly environment. The CQC comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the provider. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did. All the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. We found that staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we saw the dental nurses and receptionists received an annual appraisal; these appraisals were carried out by the practice manager. We found there were several clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality.

Staff working at the practice were supported to maintain their continuing professional development as required by the GDC. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and dental radiography (X-rays).

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

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

Results of recent practice surveys indicated that the majority of patients who responded were happy with the level of service provided by the practice

As a result of patient feedback the practice recently extended the opening hours so as to ensure that patients were able to access the service until 6pm on Monday and Wednesday.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff told us that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements.