

Dentists At Redhouse Ltd

Dentists@Redhouse

Inspection Report

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Overall summary

We carried out this announced inspection on 18 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser and a deputy chief inspector.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dentists@Redhouse is the oldest dental practice in Redditch and provides NHS and private treatment to patients of all ages. This is a vocational training practice for dentists and is currently supporting two newly qualified foundation dentists.

There is a low level assistance bell and ramped access into the practice for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area with a waiting room, an accessible patient toilet, two dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. On the first floor there are

Summary of findings

a further four dental treatment rooms, an X-ray room and one further decontamination room. The second floor is accessed by staff only and consists of a staff room / kitchen, two staff toilets, two offices and one meeting / training room. Car parking spaces, including spaces for blue badge holders, are available in the pay and display car park directly behind the practice.

The dental team includes two principal dentists, four associate dentists, two foundation dentists, eight dental nurses, four dental hygienists, two receptionists and two practice managers. The practice has six treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 15 CQC comment cards filled in by patients and looked at results from recent friends and family test and practice patient satisfaction surveys. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentists, one associate dentist, one foundation dentist, two dental nurses, one receptionist and the two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 9am to 5.30pm

Tuesday: 9am to 7pm

Wednesday: 9am to 5.30pm

Thursday: 9am to 5.30pm

Friday: 9am to 5.30pm

Our key findings were:

- We noted that the practice ethos was to provide consistently high quality centred dental care for all patients.

- Strong and effective leadership was provided by the principal dentists and empowered practice managers.
- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Training and development was at the forefront in this practice due to three of the dentists being verified trainers to support newly qualified foundation dentists, and one of the practice managers being an accredited trainer and assessor.
- Staff we spoke with felt well supported by the principal dentists and practice managers and were committed to providing a quality service to their patients.

There were areas where the provider could make improvements. They should:

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 took safety seriously and had organised systems to help them manage this. One of the practice managers had completed a health and safety qualification and had implemented a comprehensive toolkit to support and monitor risk which included daily health and safety walk around audits.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve this was shared with the team at staff meetings. We found there was scope to review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. One of the principal dentists was the safeguarding lead in the practice.

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

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

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional, gentle and first class with a smile. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided hygiene appointments and several nurses were trained in oral hygiene education and topical fluoride application. The practice were very committed to supporting the local community and providing preventive oral hygiene advice. Two nurses and a foundation dentist visited local schools where they used fun illustrations and quizzes to get the young audience thinking about healthy teeth. The team also visited the town centre and a local supermarket with one team member dressed as a crocodile to deliver oral health education and advice at a purpose built stand to the community. Details of these events were captured in the practices monthly newsletter and on their social media website.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Summary of findings

Training and development was at the forefront in this practice due to three of the dentists being verified trainers to support newly qualified foundation dentists and one of the practice managers being an accredited trainer and assessor. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Mandatory and specific training was scheduled each month as part of the practice meetings.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were fantastic, caring and professional. They said that they were given thorough explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Due to the waiting room and reception being co-located the practice implemented a 'switch room' on the second floor where incoming calls could be taken and dealt with privately. This also maximised the time the reception team could spend with patients at the front desk. Patients said staff treated them with dignity and respect.

Thank you cards demonstrated that the practice had gone the extra mile on several occasions for their patients, for example, by sending flowers and sympathy cards to patients who had suffered a family bereavement.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had a hygienist appointment incentive to try and reduce hygiene appointment waiting times by offering patients a 20% discount if they were available to see the hygienist at short notice to fill cancelled appointment slots. In addition to this, the practice regularly audited, analysed and discussed appointment waiting times.

The practice was aware of the needs of the local population and took those these into account in how it ran. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the patient waiting room and on their website.

No action



Summary of findings

Are services well-led?

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

Strong and effective leadership was provided by the principal dentists and two empowered practice managers. The principal dentists, practice managers and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentists and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

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

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

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded two accidents in the past 12 months and these were discussed at subsequent staff meetings to share learning and improve.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff at practice meetings, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff we spoke with were able to identify their practice safeguarding lead professional.

There was a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the practice managers reviewed every year. The practice mostly followed relevant safety laws when using needles and other sharp dental items. However on the day of our inspection we found that not all of the dentists were dismantling and disposing of used sharps themselves in line with practice policy and the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This was

discussed and assurances made that this would be immediately rectified. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a comprehensive business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. Copies of this were held off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, this was last completed in May 2017. In addition to this, the practice routinely completed medical emergency scenarios as a team to ensure that staff were comfortable with dealing with different types of medical emergencies.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted however that that one medicine was not stored in the fridge and the expiry date had not been adjusted to reflect this. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that historical check logs were completed over several years, with the exception of one recent month. The practice advised us that they would review current processes and accountability to prevent any recurrence of this.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for four staff members which showed the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Are services safe?

The practice used the annual appraisal process to monitor that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice took safety seriously and had organised systems to help them manage this. One of the practice managers had completed a foundation occupational health and safety qualification and had implemented a comprehensive toolkit to support and monitor risk which included daily health and safety walk around audits.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients. The dental nurses supported the dental hygienists with decontamination assistance and any complex cases.

Infection control

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

Decontamination of dental instruments was carried out in two separate decontamination rooms, one for each floor where surgeries were located. There was clear separation

of clean and dirty areas in all treatment rooms and the decontamination rooms with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

Staff completed infection prevention and control training every year. The practice carried out infection prevention and control audits twice a year. The latest audit completed in September 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in April 2011 and last reviewed in January 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation; this was last completed in March 2017.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption. This was

further enhanced by promotion through monthly oral health displays in the reception area. Topics included mouth cancer, smoking cessation and alcohol advice, dietary advice and national smile week. Photos were taken of the boards and uploaded onto the practices monthly newsletter and social media website.

The practice provided hygiene appointments and several nurses were trained in oral hygiene education and topical fluoride application. The practice were very committed to supporting the local community and providing preventive oral hygiene advice. Two nurses and a foundation dentist visited local schools where they used fun illustrations and quizzes to get the young audience thinking about healthy teeth. The team also visited the town centre and a local supermarket with one team member dressed as a crocodile to deliver oral health education and advice at a purpose built stand to the community. Details of these events were captured in the practices monthly newsletter and on their social media website.

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

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a comprehensive structured induction programme. Due to a low turnover of staff, many had celebrated 25 years or more at the practice, they had only recruited one staff member in the past two years in addition to the rolling changeover of foundation dentists. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Training and development was at the forefront in this practice due to three of the dentists being verified trainers to support newly qualified foundation dentists and one of the practice managers being an accredited trainer and assessor. Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Are services effective?

(for example, treatment is effective)

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The dentists understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment. We saw the practice recorded consent to care and treatment in patient's records and provided patients with

written treatment plans detailing relevant costs. We spoke with three dentists about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists understood the relevance of this legislation in dentistry. The dentists were also aware of and understood the legal framework they must follow when considering whether young people under the age of 16 may be able to make their own decisions about care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were fantastic, caring and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide complete privacy when reception staff were dealing with patients as the waiting room was co-located with the reception area. The practice had identified this as a concern and had implemented a 'switch room' on the second floor of the building where incoming calls could be taken and dealt with privately. This also maximised the time the reception team could spend with patients at the front desk. In addition to this, staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information on display where other patients might see it.

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

Music was played in the treatment rooms and there were magazines and a television in the waiting room.

Information leaflets, monthly newsletters, patient survey results and thank you cards were available for patients to read.

Thank you cards demonstrated that the practice had gone the extra mile on several occasions for their patients for example, by sending flowers and sympathy cards to patients who had suffered a family bereavement. We were also informed that handwritten Christmas cards were sent to all Denplan and private patients from their dentist.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants. One of the principal dentists shared his experience as a tutor on the Diploma course in implant dentistry at the Royal College of Surgeons in England.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice. A portable ramp and low level assistance bell had been installed to ensure access for wheelchair and pushchair users.

All patients were reminded of appointments a few days before either by text message or a telephone call dependant on the patient's preference.

The practice used a social media website and monthly newsletters to keep patients informed of any staff updates, oral health promotion and advice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a baby change unit.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. Several of the staff members were multi-lingual; some forms were available in different languages and large print. The website had a translator function to enable patients to access information in different languages.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. At the time of our inspection, the practice had a hygienist appointment incentive to try and reduce hygiene appointment waiting times by offering patients a 20% discount if they were available to see the hygienist at short notice to fill cancelled appointment slots. In addition to this the practice regularly audited, analysed and discussed appointment waiting times.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

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

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

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

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Staff could complete a form prior to the meetings if there were specific topics they would like to be discussed. Immediate discussions were arranged to share urgent information.

Learning and improvement

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

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Training and development was at the forefront in this practice due to three of the dentists being verified trainers to support newly qualified foundation dentists and one of the practice managers being an accredited trainer and assessor.

Monthly meetings were tailored to include mandatory training topics delivered by one of the practice managers and an annual schedule was in place to ensure all relevant training was included. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

The practice had supported many staff members to complete extended duties training such as oral health education, topical fluoride application, dental impression taking and radiography.

The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

The practice team were very committed to being part of the local community and had participated in many different charity events ranging from charity walks, runs, climbing Mount Kilimanjaro and participating in summer pantomimes. The practice delivered oral health education to local schools and out in the town centre and a local supermarket. Oral health campaigns were promoted and information boards created in the reception area on a monthly basis for topics such as mouth cancer, smoking cessation and alcohol advice, dietary advice and national smile week. In addition to this, the practice opened its doors and invited patients to attend their 70th year anniversary where a band played whilst champagne and cake were served. Details of all of these events were displayed in monthly newsletters and on the social media website.

The practice used patient surveys, comment cards, verbal comments, feedback on social media, appraisals and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on for example, flexible working

Are services well-led?

arrangements had been put in place and one team member had changed roles from dental nurse to receptionist with the support from the principal dentists. The practice had also made improvements as a result of patient feedback. For example, following a Denplan patient asking the principal dentist about emergency dental cover arrangements whilst they were on holiday, the practice created a free goody bag which consisted of a Denplan emergency cover card containing contact details for patients, free toothpaste samples, a travel tooth brush and various other gifts. Denplan patients were invited to collect

these goody bags from the practice on an annual basis and additional goody bags were given to immediate family members, even if they were not a registered Denplan patient.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice had incorporated this into their own patient survey to ensure they received 25 results per month for analysis and discussion. The results for August 2017 showed that 100% of the 25 respondents would recommend this practice to friends and family.