1A Group Dental Practice Partnership

1A Dental Practice St Ives

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

1A Dental Practice-St Ives is a mixed dental practice providing both NHS and private treatment to children and adults. It has a standard NHS contract and offers general dentistry services to about 20,000 patients living primarily in the St Ives area. It is part of Integrated Dental Holdings Ltd (IDH) who have a large number of dental practices across the UK.

The practice employs six dentists (one of whom is a vocational trainer), and ten dental nurses. There are three dental hygienists who provide preventative advice and gum treatments. The practice has a full time practice manager 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.

The practice provides services on two floors and has a reception area on the ground floor. It is wheelchair accessible. The practice has seven dental treatment rooms and one decontamination rooms for cleaning, sterilising and packing dental instruments.

We spoke with six patients and also received eight comments cards that had been completed by patients prior to our inspection. Most patients found the services provided by the practice to be good. They told us that it was easy to get an appointment at a time that suited them; that the dentists explained things in a way that they understood and that they received a treatment plan which outlined the costs. However two patients told us

Summary of findings

that their dentist never ran to time and another that the waiting room chairs were too low and uncomfortable, causing them pain to stand up from as a result of their disability.

Our key findings were:

- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice was clean and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health instruction to patients. Staff attended local primary schools to provide training sessions to pupils on good oral health.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice took into account any comments, concerns or complaints and used these to help them improve the practice.
- The practice manager was experienced, knowledgeable and clearly proud of the practice and her team. Staff felt well supported and were committed to providing a quality service to their patients.

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, and maintaining the required standards of infection prevention and control. The practice carried out and reviewed risk assessments to identify and manage risk effectively. Emergency medicines in use at the practice were stored safely and checked regularly to ensure they did not go beyond their expiry dates. There were sufficient numbers of suitably qualified staff working at the practice.

Are services effective?

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

The dental care provided was effective, evidence based and focussed on the needs of the patients. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services in a timely manner and urgent referrals were actively followed up.

The staff received professional training and development appropriate to their roles and learning needs. Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

Patients spoke positively of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments.

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly if needed.

The practice had ground floor surgeries and level access into the building for patients with mobility difficulties, and families with prams and pushchairs.

There was a clear complaints system and the practice responded quickly and empathetically to issues raised by patients.

Are services well-led?

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

There was a clear leadership structure and staff felt supported and told us it was a good place to work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

1A Dental Practice St Ives

Detailed findings

Background to this inspection

The inspection took place on 11 August 2015 and was conducted by a CQC inspector and a dental specialist advisor.

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.

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

During the inspection we spoke with two dentists, the practice manager, two dental nurses and two members of the reception team. We also spoke with six patients. We reviewed eight comment cards about the quality of the service that patients had completed prior to our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We viewed posters around the practice reminding staff of their duty to report all accidents and staff we spoke with felt encouraged to do this. We also viewed records of practice meetings where accidents and incidents that had occurred had been discussed with all staff. Staff were able to tell us of a recent serious incident where a patient with a transmittable disease had attended the practice. It was clear that the practice had taken immediate and appropriate action to deal with this incident, and had also used it as a learning opportunity should the event happen again.

National patient safety alerts were sent to the practice via the provider's weekly e-bulletin, and the manager printed off hard copies which she kept in a specific folder. Relevant alerts were also put on the staff room memo board to ensure all staff were aware of them.

Reliable safety systems and processes (including safeguarding)

There was a lead for safeguarding within the practice and all staff had received safeguarding training in vulnerable adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect, and understood the importance of safeguarding issues. Staff could easily access the safeguarding policies and knew where they were kept. Contact details of relevant agencies involved in protecting vulnerable people were available in the practice manager's office.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentists we spoke with confirmed that they always used a rubber dam as far as practically possible and we saw evidence of this in the dental care records we checked.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

All staff, including receptionists, had received training in cardiopulmonary resuscitation and those we spoke with knew the location of all the emergency equipment in the practice .We checked the emergency medical treatment kit available and found that this had been monitored regularly to ensure that it was fit for purpose. The practice had all equipment in place as recommended by the Resuscitation Council (UK) to deal with a range of medical emergencies commonly found in dental practice.

Emergency medicines were available in line with guidelines issued by the British National Formulary to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. The location of first aid boxes and emergency equipment was clearly signposted throughout the practice.

Staff recruitment

We checked personnel records for three staff which contained evidence of their GDC registration, employment contract, job description, indemnity insurance, interview notes and a disclosure and barring check (DBS) The Disclosure and Barring Service carries out 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. The practice manager told us that staff's professional registration was checked every six months as part of a regular audit of the personnel files.

All staff completed a maths and English test as part of their recruitment to ensure they had the numerical and literacy skills required for the job. All staff, including receptionists, had an enhanced DBS checks to ensure that they were suitable to work with vulnerable patients.

All staff received a full induction to their role. Dentists undertook a three day induction at Integrated Dental Holdings (IDH) national academy, and nurses' practices were observed as part of their induction to ensure they were fully competent for their role.

Monitoring health & safety and responding to risks

Are services safe?

We viewed a number of updated assessments undertaken to identify risk in a range of issues including legionella, health and safety, fire and asbestos. These assessments were reviewed every six months to ensure they were kept up to date and relevant. We found the practice had taken measures to reduce identified risks. For example they had installed plug socket protectors in the waiting area to protect children and installed window bars to improve security. One member of staff who was pregnant told us that an assessment had been completed to ensure aspects of her work did not put her at unnecessary risk during her pregnancy.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. We saw that sharps bins were securely attached to the wall in treatment rooms and the decontamination room to ensure their safety.

The practice had carried out a fire risk assessment and records showed that staff were up to date with fire training. Full evacuations of the premises were rehearsed every three months to ensure that all staff knew what to do in the event of an emergency.

Infection control

The practice had a range of relevant written policies in place for the management of infection control including those for cleaning, sterilisation, hand hygiene, clinical waste disposal and the use of personal protective equipment. All staff had signed to demonstrate that they had read, understood and agreed to abide by the policies.

Training files we viewed showed that staff had received appropriate training in infection prevention and control. Regular audits of infection control and prevention were undertaken.

We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, treatment rooms and corridors. There were comprehensive cleaning schedules and check lists for all areas of the premises. We checked two of the treatment rooms which were clean and free from clutter. All surfaces including walls, floors, skirting boards and cupboard doors were free from visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily.

We checked drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use, and the initials of the nurse that had cleaned them.

We noted good infection control procedures during the patient consultation we observed. Staff's uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment including gloves and eye protection. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact and stored used instruments safely.

We noted that dental nurses transported instruments in dedicated containers with air tight lids

The decontamination room was well set up with clear dirty and clean zones, and an appropriate air flow system. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. The practice manager told us that this was to ensure that any new staff or agency dental nurses worked in a consistent way.

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. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The dental nurse spoke knowledgeably about the decontamination process they followed to ensure instruments were cleaned and sterilised correctly.

Clinical waste was stored safely prior to removal in locked and secured containers outside the building. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

Equipment and medicines

We looked at the maintenance schedules and routine daily and weekly testing regimes for the equipment used in the practice. This showed that equipment was maintained in accordance with the manufacturer's instructions. This

Are services safe?

included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was May 2015.

Staff we spoke with told us they had equipment they needed for their role. As the practice had a dedicated decontamination nurse every day, used dental instruments could be cleaned and sterilised within 30 minutes, ensuring that treatment rooms were well stocked.

The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose. The practice manager told us that requests for maintenance repairs were responded to quickly by the provider. For example, a representative from the company's facilities department had attended within an hour of a leek being discovered in one of the treatment rooms.

We checked the practice's stock of local anaesthetics and found there was a plentiful supply and all were in date for safe use. Dental care records we viewed were complete and provided an account of medicines patients had been prescribed. The batch numbers and expiry dates for local anaesthetics were recorded in patients' dental care records.

A registry which detailed the batch numbers of all emergency medicines and their expiry date was kept to ensure they were safe to use.

Radiography (X-rays)

The practice had a named Radiation Protection Adviser and Supervisor, and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We looked at a sample of dental care records where X-rays had been taken. These showed that the dentists recorded the reasons they had taken X-rays, their grade and the results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental care records contained a written patient medical history which was updated for every course of treatment. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Both the dentists we spoke to on the day of our visit were aware of various best practice guidelines. Dental care records we viewed evidenced clearly that National Institute for Health and Care Excellence NICE guidance was followed for patients' recall frequency, sodium fluoride prescribing, the need for x-rays and the treatment of gum disease. The records showed that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. The lead dentist checked all outgoing referrals to ensure their quality and those we checked contained full patient details, the reason for the referral and the clinical diagnosis. All referrals were followed up by a member of the practice's reception staff to check that they had been actioned.

Regular audits were undertaken to ensure the quality of patients' records. For example, we viewed audits which checked that each dentist had completed a basic periodontal examination; that soft screening tissue had taken place and that patients' medical histories were up to date. Regular audits were also undertaken for radiography which checked that the justification for taking the X-ray, and the grading of its quality had been completed in patients' notes.

Health promotion & prevention

There was a range of leaflets about oral health care available to patients in the practice's waiting rooms. There was also good information on the practice's website on issues such as tooth brushing, flossing, gum disease and mouth cancer.

The dentists were aware of the NHS England publication for Delivering Better Oral Health- an evidence based toolkit to support dental practices in improving their patients' oral and general health. The dental care records we viewed showed that where appropriate dental fluoride treatments had been given to children, along with appropriate oral health education. Advice given to patients by dentists about smoking and alcohol consumption had also been recorded. During our observation of a consultation we noted that the dentist gave good advice about a range of inter dental brushes that the patient could use to improve their teeth cleaning.

Last year staff from the practice visited five local primary schools to deliver sessions on oral health care to children there. They have continued with this work and already visited three schools this year.

Staffing

Staff told us they were encouraged to maintain their continuing professional development and that the practice paid for all their on-line CPD training. Records we viewed showed that all staff were up to date with their continuing professional development. (All staff registered with the General Dental Council (GDC) have to carry out a specified number of hours of continuing professional development to maintain their registration.) The practice had a dentist who was a vocational trainer and offered placements to newly qualified dentists. It also offered placements to trainee dental nurses.

We looked at the training files for two dental nurses and found they had undertaken a wide range of recent training including infection control, information governance, radiography, medical emergencies and product maintenance. Some nurses had undertaken additional training in impression taking, oral health care and dental implants. The practice held regular 'Lunch and Learn' sessions where a range of speakers attended to give training sessions to staff. The practice manager had been supported to obtain an NVQ Level three in business management.

All staff received an annual appraisal of their performance and had personal development plans in place. These appraisals were carried out by the practice manager who

Are services effective?

(for example, treatment is effective)

assessed staff's performance in a range of areas. Where staff's poor performance had been identified, we found that the practice manager had taken appropriate action to deal with this.

There was an established staff team at the practice and staff absences were planned for to ensure the service was uninterrupted. The practice manager told us she organised the staff rotas a year in advance to ensure there was adequate cover. The practice manager was also dental nurse and could provide additional support if necessary. The practice also had access to staff working in other IDH services nearby if needed to cover unexpected staff shortages.

Working with other services

Patients requiring specialised treatment were referred to other dental specialists when needed. All urgent referrals such as oral cancer were followed up by the practice manager to ensure they had been received by the appropriate dental professional.

Consent to care and treatment

We saw good evidence in the dental care records that we viewed that treatment options had been discussed with patients, as well as the risks and associated complications that each entailed, so that they could give informed consent to it. Patients we spoke with also confirmed this.

We viewed five patients' records and saw signed, dated and completed treatment plans. Patient consent forms had been signed by parents on behalf of children, and parents were asked to print their name on the form, and their relationship t the child, so that the dentist was fully aware of who was in attendance with the child. We noted at the practice meeting of 23 July 2015 that staff had been reminded that only parents, or those with parental responsibility, could give consent for any child's dental treatment

Dentists we spoke with had a good knowledge of the Mental Capacity Act, and how they implemented its recommendations in their work with patients who were unable to make decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients who completed our comment cards and who we spoke with described staff as pleasant and helpful. One person told us that the dentist and nurse had their interest at heart, and two people reported that staff were empathetic and understanding about their fear of dentists.

We spent time in the reception area and observed a number of interactions between the reception staff and people coming into the practice. The quality of interaction was good, with staff showing empathy and respect for people, both on the phone and face to face. The atmosphere in the reception area was busy, but friendly and welcoming.

The practice's reception area was not particularly private and patient phone calls and conversation could be easily overheard. We noted that there was no poster available advising that if patients wanted to talk confidentially to staff they could request to be seen privately. However, by the end of our inspection the manager had put a poster up to this effect.

The practice had a specific confidentiality policy which all staff had signed to ensure they understood the importance of this in their everyday work.

Involvement in decisions about care and treatment

Dental care records we reviewed demonstrated that staff recorded the information they had provided to patients about their treatment and the options open to them. Patients we spoke with confirmed this and reported that dental staff always explained things clearly, and in a way that they could understand. Patients received a treatment plan which clearly outlined their treatment and the cost involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered both NHS and private treatment to children and adults and employed three dental hygienists who could be accessed directly by patients, without the need of a referral from a dentist. It also offered extended opening hours one evening a week and every other Saturday to meet the needs of patients who found it difficult to attend during normal opening hours.

The practice offered dental payment plans for both and private NHS patients so that the cost of treatment could be managed more easily if wanted.

Tackling inequity and promoting equality

There was level access into the building and ground floor treatment rooms available for patients unable to go upstairs. There were also disabled parking bays and a disabled toilet. The practice's waiting areas were large with plenty of space for wheelchairs and prams. However there were no easy riser chairs, or wide seating available in this area to accommodate patients with mobility needs. One patient told us they had found the chairs uncomfortable and also difficult to stand up from given their disability. The practice did not have a portable hearing loop available to assist those with hearing impairments.

Translation services were available for patients whose first language was not English, and the practice manager stated that information leaflets could be ordered in other languages if needed.

Access to the service

The practice was open 8.30 am to 5.30 pm Monday to Thursday; and from 8.30am to 4.30 pm on Fridays and also offered extended opening hours. Appointments could be booked by phone, in person or on-line 24 hours a day and patients told us they could usually get an appointment at a time that suited them.

Emergency appointments were available and each dentist held a 45 minute slot each day for those who wanted urgent or a same day appointment. There was also a 'sit and wait' service, whereby patients with dental pain could attend the surgery without an appointment and wait to see a dentist. Reception staff used a triage system to ensure that emergency appointments were allocated by patients' needs. We spoke with two patients during our inspection who told us they had managed to get a same day appointment.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. Details of how to complain were available at the reception desk and patients who complained were given a copy of the practice's code of practice which clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. All complaints received were logged on-line to IDH's patient support team who then monitored their progression.

We looked at three recent complaints received by the practice and found they had been dealt with openly and in a timely and empathetic way by the practice manager. In some instances the manager had drawn up an action plan in order to address the issues raised by the complainant to ensure it was dealt with comprehensively. Complaints were also regularly discussed at the practice's monthly staff meetings to ensure that any learning or improvements arising from them were shared.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the practice's values on a display board in the staff room, along with three simple but clear objectives for each staff role. Staff we spoke with understood the practice's values and knew what their responsibilities were in relation to these.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people. We found that these policies were regularly reviewed to ensure they remained relevant and up to date.

Communication across the practice was structured around key scheduled meetings. There were three monthly dentists' meetings, bi-monthly receptionists' meetings and monthly whole practice meetings. We viewed a sample of minutes from these meetings which were detailed, well written, and with actions arising from them clearly documented. Staff told us they felt the meetings were useful and that they were always asked for agenda items beforehand. Minutes of meetings were kept and easily accessible to staff.

Staff received a yearly appraisal of their performance, in which they were set specific objective which were then reviewed after six months. These appraisals were comprehensive and covered where they were performing well, areas for their improvement and what support they needed. Progress against any objectives set was also monitored.

We viewed a broad range of risk assessments covering all aspects of clinical governance. These were well maintained and up to date.

The practice completed the NHS information governance tool kit each year to measure its compliance with the laws regarding how patient information is handled.

Leadership, openness and transparency

The practice manager was experienced, enthusiastic and clearly dedicated to her job**.** We received many positive comments about her leadership and competence from the staff. She was keen to improve the service and we noted that she had implemented a number of our suggestions for improvement by the end of the inspection, demonstrating her responsiveness.

Staff described their morale as good and told us they enjoyed working at the practice citing good leadership, a supportive environment and access to training as the reason.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information. A part of the meeting known as 'the dump tank' was dedicated specifically for staff to raise any concerns or issues that they had. Staff we spoke with described it as a good way to share any annoyances they had, however minor. We noted copies of the minutes on display in the staff room, making them accessible to all.

We noted that information explaining the duty of candour was displayed prominently in the staff room, ensuring that staff were aware of what it meant and their responsibilities in relation to it. The practice manager also had a good understanding of this.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year. All dental nurses had access to IDH's on-line academy to ensure their knowledge and skills were kept up to date. Regular 'lunch and learn' sessions took place to ensure staff's training and skills were kept up to date.

The practice undertook regular audits of its record keeping, infection control procedures, personnel antimicrobial prescribing levels and quality of its radiographs to ensure good standards were maintained and to identify any shortfalls.

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

Patients were asked to complete a feedback form which asked them for their views on a range of issues including the quality of their welcome, the time they waited and the quality of information given about their treatment. They

Are services well-led?

could also complete feedback forms on-line and were texted following their treatment with details of how to do this. Results of this feedback (both good and bad) were regularly discussed at practice meetings.

Feedback left by patients on NHS Choices web site was monitored centrally by IDH, who responded to any comments left.

We found evidence that the practice listened to its staff and implemented their suggestions and ideas. For example one staff member told us she had created a budget tracker to better monitor the dentists' expenditure. This tracker had now been adopted for use regionally within the company. Staff rotas had been reviewed to reduce the number of different dentists dental nurses worked with, following their concerns. Reception staff told us that their request for an additional staff member at busy times to deal with patients had been agreed.

Staff told us there was an annual staff survey which they could complete on-line and asked them for feedback on issues such as their terms and conditions, and opening times.