Pirbright Dental Centre

Brookwood, Woking, GU24 0QQ

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	**Action required**	X
Are services effective?	**No action required**	✓
Are services caring?	**No action required**	✓
Are services responsive?	**No action required**	✓
Are services well led?	**No action required**	✓

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Pirbright Dental Centre on 18 April 2023.

As a result of the inspection, we found the practice was effective, caring, responsive and well-led in accordance with the Care Quality Commission's (CQC) inspection framework. Action was required to ensure the practice was fully safe, this was in regard to the central sterile services department (CSSD) and the provision of an adequate cleaning contract.

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

Background to this practice

Located in Woking, Pirbright Dental Centre is a five-chair practice providing routine, preventative and emergency dental service to a military population of approximately 1500 service personnel. This includes the Phase 1 recruits of Army Training Centre (Pirbright). These trainee soldiers attend for their initial 13-week long training in the Army. The Recruit Allocation Plan aims for 192 recruits to start their course every other week meaning up to 5000 recruits per year. The centre also provides care to the approximately 782 permanent staff.

The dental centre is open Monday to Thursday 0745-1230 and 1330-1645 and Friday 0745-1315.

Out-of-hours (OOH) arrangements are in place through a duty dental officer who is contactable 24 hours a day and 7 days a week. This duty rotates around the London South Region Dental Officers and military/civilian nurses. Emergency OOH is provided by the duty Dental Officer.

The staff team at the time of inspection

Senior Dental Officer	1
Civilian Dentist	2
Dental nurses	4
Dental Hygienist	1
Practice Manager	1
Deputy Practice Manager	1

Our Inspection Team

This inspection was undertaken by a CQC inspector, a dentist and a dental nurse. In addition, 1 new specialist advisor shadowed this inspection.

How we carried out this inspection

Prior to the inspection we reviewed information about the dental centre provided by the practice. During the inspection we spoke with the Senior Dental Officer, civilian dentist, practice manager, dental nurses, and the administrator. We looked at practice systems, policies, standard operating procedures and other records related to how the service was managed. We checked the building, equipment, and facilities.

At this inspection we found:

- Feedback showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment. Staff took care to protect patient privacy and personal information.
- The practice effectively used the DMS-wide electronic system for reporting and managing incidents, accidents and significant events.
- Local systems were in place to support the management of risk, including clinical and non-clinical risk.
- Suitable safeguarding processes were established and staff understood their responsibilities for safeguarding adults.
- Staff were unable to work in line with national practice guidelines for the decontamination of dental instruments due to the unsuitability of the central sterile services department (CSSD)
- Appraisals and required training for staff were up-to-date, and staff were supported with continuing professional development.

- Clinicians provided care and treatment in line with current guidelines. An audit calendar was in place.
- Processes for assessing, monitoring and improving the quality of the service were in place including audit.
- The practice had considered the range of cultural needs of the patient population and adjusted methods of communication to ensure patients understood their care and treatment.
- Leadership at the practice was inclusive and effective. The team worked well together and staff views about how to develop the service were considered.
- An effective system was in place for the management of complaints.
- Medicines and life-saving equipment were available in the event of a medical emergency.

We identified the following notable practice, which had a positive impact on patient experience:

The implementation and use of the OneNote application by all staff has benefitted staff and patients by ensuring quick and easy access to clinical templates, including, prescription log, labwork, failure to attend/short notice cancellations logs, referral and x-ray log (including Very High-Risk Recruit (VHRR) log), significant incidents, complaints, compliments and sepsis information. This had been shared with regional colleagues and was being used by others.

The implementation of the VHRR protocol focused on stabilisation of recruits at Phase 1 by temporarily removing them from training in order to address gross oral neglect. Many recruits had been unable to access Primary Dental Care so this was an important venture with evidence of the positive impact from patients before and after treatment.

The Chief Inspector recommends to DPHC and the Station:

Ensure arrangements are put in place to secure an appropriate cleaning contract including deep cleaning. Monitoring against this new contract should then be embedded.

Ensure that the central sterile services department (CSSD) meets with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’.

Camp leaders should share clear information and resolve risks pertaining to water safety checks.

The Chief Inspector has no recommendations for the dental team

Mr Robert Middlefell BDS

National Professional Advisor for Dentistry and Oral Health

Our Findings

Are Services Safe?

Reporting, learning and improvement from incidents

All staff had a log-in to the Automated Significant Event Reporting (ASER) DMS-wide system to report incidents and significant events. Staff were clear in their understanding of the types of events that should be reported through the ASER system, including accidents, near misses and never events. An ASER register was maintained and reported incidents were discussed at the practice meetings. The register showed five significant events were reported in 2022.

Staff accidents were reported via the Defence Unified Reporting and Lessons System (referred to as DURALS). Staff had a good understanding of the types of incidents that met the criteria for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (referred to as RIDDOR) and how to report such incidents.

A process was in place to monitor and share with the staff team national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority and the Department of Health Central Alerting System (CAS). The practice manager was registered for the CAS website. In addition, alerts were received through the regional 'Direction and Guidance' bulletin. Alerts were also discussed at the practice meetings.

Reliable safety systems and processes (including safeguarding)

The safeguarding lead was the Senior Dental Officer (SDO), both the SDO and the practice manager were trained to level 3. All other members of the staff team had completed safeguarding training at a level appropriate to their role. Staff we spoke with were aware of their responsibilities if they had concerns about the safety of patients who were vulnerable due to their age or circumstances.

The dentists had chairside support when treating patients. The dentist was always supported by a dental nurse when assessing and treating patients. Every clinical room within the dental centre had an alarm to call for help if required in an emergency and they were tested regularly.

Staff were aware of how to raise concerns through whistleblowing processes. Whistleblowing and Freedom to Speak Up information was displayed at the practice.

The dentists routinely used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. Floss ligatures (to secure the dam clamp) were used with the support of the dental nurse. A split dam was used if required. Rubber dam usage was mandated for endodontics (root canal treatment) and used for routine restorations where necessary.

The business continuity plan was reviewed in March 2023. The plan had been individualised to include the dental centres most prominent risks and had been reduced to

the 5 most pertinent, it included staff shortages, loss of power, loss of compressed air, equipment care and temperature control.

Medical emergencies

All staff were aware of the medical emergency procedure and knew where to find medical oxygen, emergency drugs and equipment. The team completed basic life support, cardiopulmonary resuscitation and automated external defibrillator (AED) training annually. Recent scenario-based training was held simulating a patient with anaphylaxis (severe allergic reaction), all staff attended.

First aid kit, bodily fluids and mercury spillage kits were available. Training records confirmed staff were up-to-date with first aid training. Clinical staff were aware of the signs of sepsis and had completed training. We saw sepsis management protocols were located in and around dental centre. All staff had completed e-Learning on sepsis and in conjunction with this, a sepsis information training leaflet was available and used for reference.

Staff recruitment

The full range of recruitment records for permanent staff was held centrally. The practice manager had access to the DMS-wide electronic system so could demonstrate that relevant safety checks had taken place at the point of recruitment, including an enhanced Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed in line with organisational policy.

The practice was part of the London and South Region using who used a workforce tracker. This system had been devised by a member of staff at regional headquarters and it allowed for easy requests for staffing requirements such as new staff locum staff, flexible workers and requests for permanent recruitment.

Monitored by the practice manager, a register was maintained of the registration status of staff with the General Dental Council, indemnity cover and the relevant vaccinations staff required for their role.

Monitoring health & safety and responding to risks

We looked at the practice's arrangements for the provision of a safe service. A risk register was maintained and risks were up-to-date. The risk register was a standing agenda item at the practice meetings.

A range of risk assessments were in place including assessments relevant to the premises, staff and clinical care. A general COVID-19 risk assessment and individual staff COVID-19 risk assessments had been completed.

The unit responsible for health and safety carried out an annual assessment. The 5-yearly fire risk assessment was undertaken in February 2019. The fire system was checked each week. A fire marshal was identified for the building.

Control of Substances Hazardous to Health (COSHH) risk assessments and data sheets were available in paper and electronic formats. The risk assessments were reviewed annually or if there was a change of product. They were last reviewed in May 2022. COSHH products were stored securely. The cleaning team held their own COSHH risk assessments and data sheets, these were up-to-date.

The most recent legionella risk assessment for the building had been undertaken in August 2016. Staff flushed through all taps in the building every week. The sentinel water outlets (nearest and furthest outlets from hot and cold-water tanks) were checked each month by the property management team. However, there were no records evident, staff told us the dental centre were given no formal assurances by the property team that the temperatures were in the correct range to minimise the risk of Legionella in the water system. To mitigate any risk the dental centre had delivered comprehensive training on Legionella to all staff and alongside this had initiated their own monitoring regimes.

In response to COVID-19, the practice worked to the Defence Primary Healthcare (DPHC) standard operating procedure (SOP), 'Infection Prevention and Control for Respiratory Infections (including SARS-CoV-2) in DPHC dental settings (February 2022)'. Testing for COVID-19 was undertaken regularly by all staff if they had symptoms. Information about the virus was displayed around the building. Hand sanitiser was provided throughout the building and the practice had procured a large stock of personal protective equipment for use by both staff and patients.

The practice followed relevant safety laws when using needles and other sharp dental items. Sharps boxes were labelled, dated and used appropriately. The local risk assessment and protocol for the management of sharps and needle stick injuries was displayed in clinical areas. All staff had received training in the management of sharps.

Infection control

One of the dental nurses was the lead for infection prevention and control (IPC) and had the skills and experience for the role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. Records showed 10 of the 12 staff had completed the DPHC mandated IPC Training. The last internal inhouse training was conducted in December with 5 staff members in attendance. The next training was scheduled to be completed in May 2023.

The last IPC full audit was undertaken in March 2022 and the last annual check was dated December 2022 showing 90.43% compliance. Decontamination took place in the central sterile services department (CSSD). However, the layout and facilities of the CSSD did not meet the requirements of HTM 01-05 best practice guidance due to lack of space that compromised the flow, there was no natural or mechanical ventilation, only one handwashing sink in the dirty zone and one instrument cleaning sink. A Statement of Need (SoN) had been submitted in 2020 but no decision or funding had been forthcoming. A refurbishment of the dental centre was being planned for 2030.

All required records of equipment monitoring were in place. All equipment was in-date for pre and post operative checks. Instruments and materials were regularly checked with

arrangements in place to ensure materials were in date. The surgeries and were clean and clutter free.

Environmental cleaning of all areas was carried out twice daily by a contracted company and the dental centre was visibly clean throughout. However, there was no current cleaning contract in place despite the dental centre's best efforts to obtain this. Currently the dental centre staff were unable to monitor against the standards required, instead the practice manager monitored day to day standards as best they could. There were no arrangements in place for deep cleaning.

Arrangements were in place for the segregation, storage and disposal of clinical waste products, including amalgam, sharps, extracted teeth and gypsum. Clinical waste had been audited and bins were stored securely outside the building. The most recent audit conducted in October by the SDO had shown 100% compliance. We highlighted that disposal certificates/incineration reports were not held by the dental centre in accordance with policy.

Equipment and medicines

An equipment care policy was in place and displayed on the equipment care board. An equipment log was maintained to keep a track of when equipment was due to be serviced. The compressor, steriliser, ultrasonic bath and X-ray equipment were in-date for servicing. All other routine equipment, including clinical equipment, had been serviced in accordance with the manufacturer's recommendations. Routine portable appliance testing was undertaken regularly and was last done March 2023. A fault log was in place to track the reporting and management of faulty equipment. Packaged instruments were stamped with an expiry date. All equipment held at the practice was latex free.

A system was in place for the management of stock and one of the nurses took the lead for ensuring there was adequate stock. Surplus items and instrument packs were kept securely.

Serialised prescription pads were stored securely and a log maintained. Medicines were stored securely. Medicines requiring cold storage were kept in a fridge. The temperature of the fridge was checked twice daily in accordance with organisational guidance. Antibiotic usage was monitored and an audit completed annually.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. The required information in relation to radiation was located in the radiation protection file. A Radiation Protection Advisor and Radiation Protection Supervisor were identified for the practice. Signed and dated Local Rules were available in the surgery along with safety procedures for radiography and the Health and Safety Executive notification. Evidence was in place to show equipment was maintained in accordance with manufacturer's instructions.

Staff requiring Ionising Radiation Medical Exposure Regulations (referred to as IR(ME)R) training had received relevant updates.

A quality assurance log was kept for all radiographs undertaken and this was reviewed daily by all dentists. The dentists also audited each digital image and provided justification, quality assurance grading and an outcome in the patient's clinical records.

Are Services Effective?

Monitoring and improving outcomes for patients

The treatment needs of patients were assessed in line with recognised guidance, such as NICE and Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidelines. The dentists followed the guidance from the British Periodontal Society regarding periodontal staging and grading; basic periodontal examination - assessment of the gums and caries (tooth decay). They also referenced appropriate guidance in relation to the management of wisdom teeth, considering operational need.

We looked at 15 patients' dental records to corroborate our findings. The records were comprehensive and included information about the patient's current dental needs, past treatment, medical history and treatment options. The diagnosis and treatment plan for each patient was clearly recorded and showed that treatment options were discussed with the patient. Patients completed a detailed medical and dental history form at their initial consultation, which was verbally checked for any changes at each subsequent appointment. Records confirmed patients were recalled in a safe and timely way.

The Senior Dental Officer (SDO) had good knowledge of their patients and of their high deployment status. They adjusted recalls and reviewed in line with risk and the deployment of personnel. Downgrading of personnel was discussed in conjunction with the patient's doctor to facilitate completion of treatment. The military dental fitness targets were closely monitored by the SDO.

Health promotion and prevention

A proactive approach was taken in relation to preventative care and supporting patients to ensure optimum oral health. All clinicians were qualified in oral health education. At week 10 of the recruits training programme an oral health brief was delivered, this included everything they needed to know regarding their dental health and explained to them what to expect at their dental appointments.

The dentist carried out the periodontal work in line with the 'Delivering Better Oral Health toolkit'. In accordance with recent Defence Primary Healthcare (DPHC) guidance to drive oral health promotion, patients were asked at their appointment about dietary habits, smoking and alcohol use and a brief intervention was given. Our review of dental records confirmed this.

The dental AUDIT-C delivery was used, this is a tool completed by the patient to capture their medical history, smoking history, diet, oral hygiene and alcohol usage. If the audit identified patients at higher risk from increased alcohol consumption then they were encouraged to seek further help and could be offered referral to primary medical care, or anonymously through external sources if preferred. It was clear clinicians would act based on risk as per the General Dental Council (GDC) guidance on disclosures to protect the individual or others.

The application of fluoride varnish and the use of fissure sealants were options the clinicians considered if clinically necessary. Equally, high concentration fluoride toothpaste

was recommended to some patients and this was made readily available for patients via prescription. We saw information for patients regarding oral health was available in the waiting area.

Staffing

A bespoke induction programme was in place. We looked at the organisational-wide electronic system that recorded and monitored staff training and appraisal. Through this, we confirmed that all staff had undertaken mandatory training.

The SDO engaged as a responsive stakeholder in the selection and recruitment process with the recruiting agency CAPITA to provide training, understanding and the implementation of Pre-Entry Oral Assessment. It was recognised that the policy used was not being followed and recruits with excessive dental neglect and pre-existing pathology were attempting to enter the Service. This interaction by the SDO helped improve the process and filter out currently unsuitable individuals, alerting and educating them in their oral health needs and saving time and money to DPHC.

Clinical staff we spoke with were undertaking the continuing professional development (CPD) required for their registration with the GDC. Staff were aware of the GDC requirements to complete CPD over a 5-year cycle and said they felt supported and were given the opportunity to do so.

Working with other services

The SDO confirmed patients were referred to a range of specialists in primary and secondary care for treatment the practice did not provide. Dentists followed National Health Service (NHS) guidelines, the Index of Orthodontic Treatment Need and Managed Clinical Network parameters for referral to other services.

Staff were aware of the referral protocol in place for suspected oral cancer under the national 2-week wait arrangements. This was initiated in 2005 by NICE to help make sure patients were seen quickly by a specialist. There was a practice referral log, which was used to track referrals. This was checked by the SDO and the practice manager every 2 weeks to ensure urgent referrals were dealt with promptly and other referrals were progressing in a timely way.

The SDO attended the unit health committee meetings at which the health and care of vulnerable and downgraded patients was reviewed. At these meetings, the practice provided an update on the dental targets and failure to attend rates.

Consent to care and treatment

Patients' feedback indicated they were given information about treatment options and the risks and benefits of these so they could make informed decisions. The patient records we reviewed indicated reference to consent was always made, including the taking of verbal consent when undertaking a periodic dental inspection. For more complex procedures, full written consent was obtained.

Clinical staff had received training of the Mental Capacity Act (2005) and how it applied to their patient population. They received regular refresher training and had good awareness of the subject.

Are Services Caring?

Respect, dignity, compassion and empathy

All sources of feedback indicated staff treated patients with kindness, respect and compassion. All 62 comments cards that we received from patients at the inspection included comments about how kind and considerate all staff were.

We witnessed patients going for their appointments, we saw they were greeted warmly and with kindness and respect by all staff.

For patients who were particularly anxious, the practice had an approach to understand the reason for anxiety, provided longer appointments and time to discuss treatment and invite any questions. One patient's feedback we read said how comforted they were when staff held their hand and reassured them throughout their treatment.

Access to a translation service was available for patients who did not have English as their first language. A periodontal information leaflet had been translated into Nepalese and this had proved a useful resource in helping patients understand their oral health. Patients were able to request a clinician of the same gender.

Involvement in decisions about care and treatment

All sources of patient feedback suggested the dentists provided clear information to support patients with making informed decisions about treatment choices. This included verbal explanations and printed information. Clinicians talked through treatment options with patients and checked for their understanding. The dental records we looked at confirmed patients were involved in decision making about the treatment choices available.

Are Services Responsive?

Responding to and meeting patients' needs

Clinicians followed appropriate guidance in relation to recall intervals between oral health reviews; typically, they set the recall interval at 3-12 months for recruits and 6-24 for trained personnel, they also aligned recall intervals dependant on patient's deployment status. Periodontal patient recalls were aligned to clinical assessments at 3-6 months depending on risk. The clinical team maximised appointment times by completing as many treatments as possible for the patient during the one visit.

A dedicated member of administrative staff liaised closely with the Troop Sergeants to ensure they had advanced notice of incoming recruits and used this information for block booking for initial dental inspections to ensure care was programmed to maximise dental fitness.

An appointment chit was produced so that the clinical team in surgery could decide and document what appointment was required on one side and the appointment details could be added to the other side, this included a QR code to the Dental Centre Defence Connect page and the oral health hub.

Promoting equality

In line with the Equality Act 2010, an Equality Access Audit was completed in August 2022. The building was equipped to meet the needs of patients who used a wheelchair. Staff had received training in diversity and inclusion. Taking account of the population needs, information leaflets were available in Nepalese.

Patients were required to complete a medical history form, this had been recently updated to include respiratory pathway questions, as well as lifestyle choices that may affect oral health, the form was written in a style that was gender neutral.

Access to the service

The opening hours of the practice were displayed in the premises, recorded on the answer phone message and available in the practice leaflet.

Information about the service, including opening hours and access to an emergency out-of-hours (OOH) service, was displayed in the practice and on the practice leaflet. OOH provision was provided by the London South Region. As an alternative, patients were also able to go to an NHS dentist if this was nearer to them and claim back the cost.

Emergency appointment slots were available each day. Patients were triaged using an assessment tool which gave a more accurate account of patient's pain/discomfort level to arrange the most appropriate appointment for them.

Feedback from patients suggested they had been able to get an appointment with ease and at a time that suited them. Patients could make routine appointments between their recall periods if they had any concerns about their oral health. At the time of the

inspection, there was no waiting time for a periodic dental inspection, for a check-up appointment the wait was 1 day.

Concerns and complaints

Patients were made aware of the complaints and compliments process through the practice information leaflet and a display in the waiting area. Feedback from patients indicated they knew how to make a complaint.

The SDO was the lead for complaints. No complaints had been received within the past twelve months. Complaints were a standing agenda item at the practice meetings. We saw that 65 compliments had been received in the past 12 months and these had been shared with the staff team.

Are Services Well Led?

Governance arrangements

The Senior Dental Officer (SDO) had overall responsibility for the management and clinical leadership of the practice. The practice manager had the delegated responsibility for the day-to day administration of the service. Staff were clear about current lines of accountability and secondary roles. They knew who they should approach if they had an issue that needed resolving. The SDO had overall responsibility for the management of risks for the service. These risks were fed into the regional risk register and in turn then from the regional headquarters to Defence Primary Healthcare (DPHC) headquarters.

A framework of organisation-wide policies, procedures and protocols was in place. In addition, there were local dental specific protocols and standard operating procedures that took account of current legislation and national guidance. Staff were familiar with these and they referred to them throughout the inspection. The General Dental Council standards were displayed in the practice.

Internal and regional processes were established to monitor service performance. The regional Governance, Performance, Assurance and Quality (GPAQ) dashboard was used to monitor significant events. The practice used the internal quality assurance tool, the electronic Health Assurance Framework, to monitor safety and performance.

Dental targets were monitored and discussed at the practice meetings. A monthly governance return was completed for the regional team which included performance against military dental targets, complaints, staffing levels, staff training, audit activity, the risk register and significant events.

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability. This included a preventative approach which involved proactive health promotion, support and lifestyle advice. The practice had forged close links with all the units it supported and tailored the service to their specific needs including supporting new recruits and rapid deployments.

The SDO assumed overall responsibility for risk in the dental centre. The main risk was workforce recruitment in line with an increased PAR. Risks had been actioned locally where possible or appropriately escalated to RHQ if necessary. The requirement for a safe CSSD was acknowledged and a statement of need had been submitted but no decision or funding had been forthcoming.

Information governance arrangements were in place and staff were aware of the importance of these in protecting patient personal information. Each member of staff had a login password to access the electronic systems and were not permitted to share their passwords with other staff. Measures were taken to ensure computers were secure and screens not accessible to patients or visitors to the building. A reporting system was in place should a confidentiality breach occur. Staff had completed the Defence Information Management Passport training, data protection training and training in the Caldicott principles to protect confidential patient information.

Leadership, openness and transparency

Staff told us the team worked well together with the collective aim to provide patients with a good standard of care. Staff described an open and transparent culture and were confident any concerns they raised would be addressed without judgement. All staff told us they were well supported and felt valued. Each morning all staff attended a daily 'huddle' this allowed any information to be shared and to plan for the day ahead.

Learning and improvement

Quality improvement activity (QIA), including audit, was used to promote learning and continuous development. The range of QIA included environmental, equipment and inventory checks. The dental centre had introduced the OneNote application, appointments chits, and an updated medical questionnaire to improve patient's oral health experience. Regular audits included infection prevention and control, yearly antibiotic audits and radiology.

The SDO had frequent meetings with their peers within the dental centre so that they could discuss any new guidance and discuss more complex cases. They also had frequent, discussions with other dental colleagues at regional meetings. Training was given a high priority within the dental centre with dedicated time allowed every Monday for training purposes. Training was delivered by all staff no matter what their role within the dental centre. The dental centre used the OneNote application on the IT system, OneNote was a one-stop shop for all day-to-day clinical links, including, prescription log, lab work, failure to attend/short notice cancellations logs, referral and x-ray log (including Very High-Risk Recruit (VHRR)) log. It contained links to all clinical templates, training log, ASER information, complaint & compliments, and sepsis. There was a 'where to find' tab on the OneNote application that had been implemented by the practice manager that helped staff to access information easily and included links to internal and training and external agencies for staff to refer to, for example, the Sepsis, Trust.

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

Options were in place for patients to leave feedback about the service including a token system, paper survey forms and a QR code to access the patient experience survey. We saw that 1023 responses had been received in the past year, 999 responses from patients said they were satisfied with their care. The GPAQ dashboard was used to monitor patient feedback.

The practice had a "You said we Did" board in the waiting room that showed improvements made following patient suggestions. For example, patients asked for better information about how to access care outside of usual opening hours, information was available through numerous channels and this was displayed at the dental centre. A board of 'Frequently Asked Questions' was also displayed in the waiting room to help patients by giving them further information, for example, what was the best pain relief for dental pain.

Staff told us they had the option to provide feedback at meetings and through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.