

# Dr Khawaja Limited

# The Edge Dental

## Inspection Report

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### Overall summary

We carried out this announced inspection on 5 March 2020 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 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.

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**

The Edge Dental is in the centre of Alderley Edge. The practice provides private dental care for adults and children. Visiting dentists provide specialist and complex treatments.

The practice is accessed via a flight of stairs and is at first-floor level.

Car parking, including dedicated parking for people with disabilities, is available outside the practice.

The dental team includes two dentists, three visiting dentists, two dental nurses and a receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

# Summary of findings

Registered managers 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 registered manager at The Edge Dental is the one of the principal dentists.

We received feedback from seven people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to both principal dentists, a dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 9.00am to 5.00pm.

Tues 9.00am to 9.00pm.

Saturday opening twice monthly.

## **Our key findings were:**

- The practice was visibly clean and well maintained.
- Staff followed infection control procedures which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place which reflected the relevant legislation.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.

- The dentists had all obtained further qualifications and skills and some of the visiting dentists were specialists in their fields.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints. The practice dealt with complaints positively and efficiently.
- The practice had strong leadership and management and a culture of learning and continuous improvement.
- The provider had systems in place to manage risk.
- Staff felt involved and supported and worked as a team.
- The provider had systems to support the management and delivery of the service, to support governance and to guide staff.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure the recommended action in the orthopantomogram, (OPG) test report to carry out quality assurance checks on images produced by the OPG is completed.
- Take action to review the appropriateness of carrying out the recommended audits of sedation processes and of dental implants at regular intervals to improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)**

The practice had systems and processes in place to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required support such as with mobility or communication, within dental care records.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity in place to ensure means for redress were available for patients should the need arise.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

We saw the staff completed infection prevention and control training regularly.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

Staff carried out infection prevention and control audits twice a year.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. We saw that recruitment checks were carried out and the required documentation was available. These checks were also carried out for visiting staff.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

The provider had carried out a fire risk assessment in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the practice and fire exits were kept clear. The fire risk assessment report recommended that medical oxygen in cylinders was stored upright and away from sources of ignition. We saw this had not been acted on. The provider assured us this would be addressed.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

# Are services safe?

The provider had arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We found that the provider had not acted on a recommendation in the orthopantomogram X-ray machine test report to carry out quality assurance checks on the X-ray images produced by the machine.

Information was displayed next to the control panel of each X-ray machine to ensure the operator was aware of instructions specific to each machine and room.

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

The provider assessed, monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. The practice had carried out risk assessments with a view to keeping patients safe. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed annually. We observed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a 'sharps' injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination and acted appropriately where the vaccination was ineffective.

The clinical staff were knowledgeable about the recognition, diagnosis and early management of sepsis. This helped ensure staff made timely appointments to manage patients who presented with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually. We observed that Immediate Life Support training for staff involved with the provision of sedation had also been completed.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the recommended medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the dentists when they treated patients.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing and storing medicines.

The dentists were aware of current guidance with regards to prescribing medicines.

## Track record on safety

The provider monitored the ongoing safety of the service.

## Lessons learned and improvements

The provider ensured lessons were learned and improvements made when things went wrong.

## Are services safe?

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events reduce risk, support learning and prevent such occurrences happening again. Staff knew about these and understood their role in the process.

We saw incidents were investigated, documented and discussed with the rest of the dental team.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice

learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference. We highlighted further ways to ensure visiting staff were aware of these.

The practice regularly reviewed Coronavirus, (COVID-19), advisory information and updates. Information was provided to staff and displayed for patients.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The dentists assessed patients' care and treatment needs in line with recognised guidance. The practice had systems to keep dental practitioners up to date with current evidence-based practice, including peer review and clinical support for the dentists. We saw that the dentists took into account current legislation, standards and guidance when delivering care and treatment.

We discussed with the dentists how information to deliver safe care and treatment was handled

and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely. Medical histories were updated at every patient attendance.

The practice carried out conscious sedation for patients who were very nervous of dental treatment, and for patients who needed complex or lengthy treatment. The practice had systems and processes to help them do this safely. The systems took account of most of the guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

We saw the provider had put into place effective systems to ensure conscious sedation was provided safely at the practice. The systems supporting sedation included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, and staff training.

Information was provided for the patient including discharge details and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first which included obtaining consent for the procedure. A detailed medical history was obtained from the patient, blood pressure checks carried out, and an assessment of the patient's health made in accordance with current guidelines.

During the sedation procedure, monitoring of the patient was carried out, and the results of checks recorded at regular intervals. We found that the specialised sedation equipment was properly maintained.

The sedationist was supported by a second individual.

The practice provided dental implants. These were placed by a visiting specialist dentist who had completed relevant post-graduate training. The provision of dental implants took into account recognised guidance.

### **Helping patients to live healthier lives**

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

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

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team demonstrated a good understanding of the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or power of attorney for patients who lacked capacity or for children who are looked after.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under



# Are services effective?

(for example, treatment is effective)

the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

## **Monitoring care and treatment**

The dentists kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. We observed that peer review and discussion of cases among the dentists took place routinely.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme to familiarise them with the practice's procedures.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration, and with their career development. The provider monitored staff training to ensure recommended training was completed. We saw evidence to confirm staff were up-to-date with their recommended continuing professional development, (CPD), with the

exception of sedation-related CPD, for three clinical staff who assisted with sedation procedures. The provider assured us this would be addressed. After the inspection the provider sent us evidence that CPD in sedation had been completed.

The learning needs and career development of staff were identified at annual appraisals and one-to-one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

We saw that all the dentists had post-graduate qualifications in particular areas of dentistry and some of the visiting dentists additionally were specialists.

We observed that the dentists were encouraged to shadow the specialist dentists and dentists with advanced skills to increase their skills and experience. Dentists with greater expertise supported their colleagues by mentoring them when they carried out more complex procedures.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were understanding, reassuring and polite. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy they would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

The provider had installed a closed-circuit television system, (CCTV). The provider had displayed notices informing patients for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

They were aware of the requirements of the Equality Act.

We saw that

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpreter services were available for patients whose first language was not English.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand the treatment options discussed. These included for example, photographs, study models and videos.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

A variety of dental services, including specialist dental services was provided at the practice. Treatments provided included routine dental treatments and treatment provided by specialist dentists and dentists with advanced skills including in gum disease treatment, root canal treatment, complex restoration, orthodontics and dental implants.

Staff were clear about the importance of emotional support needed by patients when delivering care.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Seven cards were completed, giving a patient response rate of 14%. All the views expressed by patients were positive.

Common themes within the patient feedback were that care and treatment were exceptional, appointments punctual, that staff go to great lengths to provide detailed and thorough explanations of treatment, and communication was clear and honest.

We shared these themes with the provider in our feedback.

The provider had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs. The whole practice was accessed by a flight of steep stairs, and therefore was not accessible for wheelchairs. Staff directed patients to nearby practices which were accessible. Due to the design and small size of the premises the provider was limited as to the reasonable adjustments they could make but staff made every effort to assist patients where they could.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, and appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

We saw comprehensive information was displayed in the waiting rooms and in the patient information leaflet. This included information on dental treatment fees, waiting times for appointments, parking, and emergency appointment information.

### Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. Patients who required an urgent appointment were offered an appointment the same day. We saw that the dentists tailored appointment lengths to patients' individual needs. Patients could choose from morning, afternoon, evening and weekend appointments. Staff made every effort to keep waiting times and cancellations to a minimum.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice had emergency on-call arrangements for when the practice was closed.

The practice's website, information leaflet and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open.

### Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider aimed to settle complaints in-house. Information was available about organisations patients

could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially. We saw this included contact details for the Dental Complaints Service.

We looked at comments, compliments and complaints the practice received within the previous 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

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

### Leadership capacity and capability

We found the practice leaders had the skills, knowledge, experience and integrity to deliver high-quality, sustainable care. They were knowledgeable about the issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders at all levels were visible and approachable.

The provider had effective processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population.

The provider's strategy included the provision of advanced and routine dental care from the practice including the option of conscious sedation for patients should this be appropriate.

### Culture

The practice had a culture of high-quality, patient-centred care.

Staff said they were respected, supported and valued. We observed the provider had made a well-being scheme available for staff.

Leaders acted on behaviour and performance inconsistent with the vision and values. We saw that all staff had clear objectives to follow and were aware of what was expected of them.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

Appraisals were used to identify staff training needs and areas for development. Staff were supported to complete recommended training including their professional regulator's recommended training. Staff told us the practice provided support and training opportunities for their on-going learning. The provider's systems also ensured peer review took place to help clinicians learn from each other.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up-to-date with regulations and guidance.

We saw the provider had put in place effective governance systems and processes for example, in relation to staffing, patient consent and safeguarding.

The practice had systems in place to monitor the quality and safety of the service and make improvements where required, for example, random checks were carried out on aspects of the service to ensure compliance with regulatory requirements and quality standards.

We found the provider had robust systems in place to ensure risks at the practice were identified and managed, and had put measures in place to reduce risks. We saw evidence to confirm the provider had considered risks to patients, visitors and staff. The provider regularly carried out health and safety risk assessments to ensure risks in the practice were continually monitored and managed.

The provider had overall responsibility for the management and clinical leadership of the practice, and for the day-to-day running of the service. Staff had additional roles

# Are services well-led?

and responsibilities, for example, a lead role for infection prevention and control. We saw staff had access to supervision and support for their roles and responsibilities. There were clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

## **Appropriate and accurate information**

The practice's staff acted appropriately on information.

Quality and operational information was used to ensure and improve performance.

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

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

## **Engagement with patients, the public, staff and external partners**

The provider involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service. We saw that that feedback from patients had been analysed and the provider had displayed a summary of feedback in the practice's waiting room.

The practice gathered feedback from staff through meetings, appraisals, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

## **Continuous improvement and innovation**

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The whole team was committed to learning and improving and valued staff contributions. We saw evidence of learning from incidents, audits and feedback.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary.

We highlighted where the provider could carry out further recommended audits to monitor clinical standards and patient outcomes, including auditing of sedation processes and dental implants.