Dr. Simon Rixon Limited

Dr Simon Rixon Dental Practice Nuneaton

Inspection Report

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Overall summary

We carried out this announced inspection on 6 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

Dr Simon Rixon Dental Practice Nuneaton provides private treatment to adults and children.

The practice is situated above a commercial business and is accessed up a flight of stairs. The practice informs all new patients wishing to register that unfortunately they

Summary of findings

are not wheelchair accessible and signpost patients that cannot manage the stairs to a nearby practice. There is a free car parking available in the streets surrounding the practice.

The dental team includes the principal dentist and one dental nurse. 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. 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 Dr Simon Rixon Dental Practice Nuneaton is the principal dentist.

On the day of inspection, we collected 39 CQC comment cards filled in by patients and spoke with one patient.

During the inspection we spoke with the principal dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: from 9am to 1pm and from 2pm to 5pm.

Tuesday: from 9am to 1pm.

Wednesday: from 9am to 1pm and from 2pm to 5pm.

Thursday: from 9am to 1pm and from 2pm to 5pm.

Friday: from 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of oropharyngeal airways and self-inflating bags with reservoirs. These items were ordered at the time of our visit.
- The practice had systems to help them manage risk to patients and staff. The practice did not have a rectangular collimator fitted to the X-ray machine, this was ordered and fitted following our visit.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a long-standing team which had worked together for over 30 years. The provider had thorough staff recruitment procedures which had not been used due to not needing to recruit staff in over 30 years.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines. Clinical records did not detail the risks and benefits of treatment options discussed with patients.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients could access treatment and emergency care when required.
- The provider had effective leadership and culture of continuous improvement.
- The team consisted of the principal dentist and a dental nurse. We saw that they worked well together and supported one another.
- The provider asked staff and patients for feedback about the services they provided. Feedback from patients was overwhelmingly positive with patients advising that they had been attending this dentist for over 30 years. Several patients told us that they had moved out of the area, but chose to travel long distances to be seen here.
- The provider had not received any complaints, but had processes in place to deal with any should the need arise.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and patient feedback to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

There was a long-standing team which had worked together for over 30 years. The provider had thorough staff recruitment procedures which had not been used due to not needing to recruit staff in over 30 years. Staff were qualified for their roles and regularly completed essential training.

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

The practice had processes to ensure that staff and patients were protected from the risks associated with radiation when taking X-rays. However, we noted that the X-ray machine was not fitted with a rectangular collimator which lowers the dose of radiation. This was ordered and fitted following our visit.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were available with the exception of oropharyngeal airways and self-inflating bags with reservoirs. These items were ordered at the time of our visit.

Are services effective?

No action

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

The principal dentist assessed patients' needs and provided care and treatment in line with recognised guidance. The dentist used paper based clinical records, however they did not detail the risks and benefits of treatment options discussed with patients.

Patients described the treatment they received as first class, exceptional and of the highest standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. At the time of our visit due to there being very few referrals they were not being logged for monitoring purposes, this was immediately rectified.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

Are services caring?

No action

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

We received overwhelmingly positive feedback about the practice from 40 people. Many advised that they had been attending this dentist for over 30 years and several patients had moved out of the area, but chose to travel long distances to be seen here.

Patients were hugely positive about all aspects of the service the practice provided. They told us the team were professional, caring and nothing is ever too much trouble. Patients consistently advised that they had complete trust in their dentist and they would highly recommend this practice.

They said that they were given honest explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice was situated on the first floor above a commercial business and was accessed by a flight of stairs. Due to the building constraints wheelchair access was not possible. The practice informed all new patients wishing to register that they were not wheelchair accessible and would signpost patients that could not climb the stairs to a nearby practice.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. The practice did not have a hearing induction loop and advised us that they were able to communicate with patients wearing hearing aids and this had never been requested.

The practice took patients views seriously. They valued compliments from patients and advised that they would respond to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

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

Summary of findings

The practice team consisted of the principal dentist and dental nurse who also covered reception duties. The team had worked together in excess of 30 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and both team members appreciated and respected one another.

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

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

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

There was a whistleblowing policy that included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Both team members felt confident they could raise concerns without fear of recrimination. The dental nurse had details of another dentist they could go to if they had any concerns relating to the principal dentist.

The principal dentist referred all root canal treatments externally to a specialist who used dental dams in line with guidance from the British Endodontic Society.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed that although the practice had not recruited in over 30 years they held documentation in line with their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment such as smoke detectors, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced by the provider.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Local rules for each machine were on display in line with the current regulations. However, we noted that the practice did not use rectangular collimation, this was immediately ordered and placed on the X-ray machine within 48 hours of our visit.

We saw evidence that the principal dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was displayed in the waiting room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Appropriate medicines and life-saving equipment were available with the exception of oropharyngeal airways and self-inflating bags with reservoirs. These items were ordered at the time of our visit. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

The dental nurse always worked with the principal dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in February 2019 scored 100% which showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The principal dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

Are services safe?

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The principal dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. However, the dentist did not record the risks and benefits in the patient's clinical records. 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 the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

The principal dentist described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

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

Effective staffing

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

We were told that staff new to the practice would receive a period of induction based on a structured programme. Due to having a long-standing team the practice had not recruited any new team members in over 30 years. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Training needs were discussed at annual appraisals and informal one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice phoned services after sending them referrals to ensure that these had been received. At the time of our visit there was no referral log in place to show that the practice had complete assurance of tracking and monitoring all referrals to ensure they were dealt with promptly. The provider immediately registered for online referral access so that they could monitor all referrals.

Are services caring?

Our findings

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 professional, caring and nothing is ever too much trouble. Patients consistently advised that they had complete trust in their dentist and they would highly recommend this practice. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Several patients advised that they had been treated by this dentist for over 30 years and several patients had moved out of the area but chose to travel long distances to be seen here.

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

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Paper records were stored securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of

the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did understand or speak English.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The dental nurse shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients with long-term medical conditions.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the dental nurse described how a patient with limited mobility rang the assistance bell at the front door so that they could be met and supported to climb the stairs.

The practice was situated on the first floor above a commercial business and was accessed by a flight of stairs. Due to the building constraints wheelchair access was not possible. The practice informed all new patients wishing to register that they were not wheelchair accessible and would signpost patients that could not climb the stairs to a nearby practice.

The practice had made reasonable adjustments where possible for patients with disabilities. These included a magnifying sheet, reading glasses, large print documents and an assistance bell at the entrance for any patients requiring support with the stairs.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. Grab rails had been added in the patient toilet as a result of this audit to support patients with limited mobility.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

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

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

The emergency on-call arrangement was provided by NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Due to there only being two members of the team the principal dentist would be alerted to any informal comments or concerns immediately which ensured patients received a quick response.

The principal dentist told us they would aim to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was displayed in the waiting room about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at a wealth of thank you cards and letters that the practice had received over several years. The practice had not received any complaints within the past five years.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated that they had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice team consisted of the principal dentist and a dental nurse who also covered reception duties. The team had worked together in excess of 30 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and both team members appreciated and respected one another. They worked closely to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy If applicable

There was a clear vision and set of values. The practice philosophy focussed on preventative dentistry and supporting patients to retain their teeth for a lifetime.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Both team members stated they felt respected, supported and valued by each other. They were proud to work in the practice and knew their patients well. The team were family focussed and had treated up to four generations of patients locally.

The practice focused on the needs of patients.

We saw the provider took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The dental nurse was responsible for the day to day running of the service.

The provider had an electronic system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

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

The practice used patient satisfaction surveys, online reviews and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following patient feedback the principal dentist fitted an additional handrail next to the stairs.

Are services well-led?

Results from a patient satisfaction survey completed in September 2018 showed that of 15 respondents 100% felt that the dentist was caring and listened to them and 100% said that they were not kept waiting too long. Comments reviewed in thank you cards included 'thank you for your kind attention and making me feel safe in your hands' and 'thank you for your kindness, patience and understanding in dealing with me and my anxieties'.

The dental nurse informed us that they felt comfortable to discuss and offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by the dental nurse.

The dental nurse had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals.

Both team members completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged the dental nurse to complete CPD.