

RAM Dental Ltd

The Dental Team

Inspection Report

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Overall summary

We carried out this announced inspection on 3 July 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

The Dental Team is in Stretford, Manchester, and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes five dentists, five dental nurses (four of whom are trainees), a dental hygienist, a practice manager and a receptionist. The practice also has access to a compliance lead who provides support to three dental practices. The practice has four treatment rooms.

Summary of findings

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 The Dental Team is the principal dentist.

On the day of inspection, we collected 44 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, dental nurses, the dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 1pm and 2pm to 8pm

Tuesday and Wednesday 9am to 1pm and 2pm to 6pm

Thursday 9am to 1pm and 2pm to 5.30pm

Friday 9am to 3pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. Decontamination processes should be reviewed.
- Staff knew how to deal with emergencies. Appropriate medicines were available. The service did not have an automated external defibrillator (AED). One was obtained immediately after the inspection.
- The practice had systems to help them identify and manage risk to patients. Fire risks could be better assessed.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures except for disclosure and barring service (DBS) checks and evidence of immunity.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the fire safety risk assessment to ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, DBS checks and evidence of immunity.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, processes to decontaminate and inspect instruments before sterilisation.
- Review the security of NHS prescription pads in the practice, ensuring prescriptions are not pre-stamped with the practice name and address.
- Review the practice's protocols to ensure audits of radiography and infection prevention are completed effectively to improve the quality of the service. The practice should ensure that where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

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)

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The provider 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 staff recruitment records. These

showed the provider followed their recruitment procedure apart from carrying out Disclosure and Barring Service (DBS) checks for two recently employed dentists. These were obtained after the inspection and evidence sent.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

A fire safety self-assessment was in place. We highlighted that this assessed the risk from combustion sources but did not explore whether fire and smoke detection systems were adequate for the size and layout of the practice. Smoke detectors and emergency lighting had been installed in some areas of the premises. We observed these devices to be working on the day of the inspection but the devices were not regularly tested. Fire extinguishers were installed and regularly serviced, and staff carried out regular fire drills. We highlighted that the emergency evacuation procedures did not include systems to inform the residents of the first-floor apartment.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider 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 provider had current employer's liability insurance.

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

Are services safe?

action had been taken to prevent sharps injuries using safer sharps and dental matrices. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. Evidence of the effectiveness of the vaccination was not available for four clinical members of staff. The provider confirmed they would obtain this. There was one clinical member of staff whose vaccination history was unknown. This individual should be reviewed to ensure they have undergone a pre-employment health assessment, which should include a review of immunisation needs as described in the Green Book chapter 12, Immunisation of healthcare and laboratory staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Evidence was not available of the last time the sedationist completed Immediate Life Support training with airway management for sedation. They completed up to date training immediately after the inspected and sent evidence of this.

Emergency equipment and medicines were available. Staff kept records of their checks of these to make sure these were within their expiry date, and in working order. These should be reviewed to ensure they are as described in recognised guidance. For example, a child sized self-inflating bag was not available and there were only three of the five required sizes of mask for the self-inflating bag available.

The practice did not have an automated external defibrillator (AED). This was discussed with the provider who explained they had access to an AED at the GP practice. They were unaware that the GP practice had recently closed. The provider took immediate action to obtain an AED and the required range of oxygen masks and sent evidence of this.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We highlighted an unlocked cupboard in a corridor which contained hazardous substances. The provider confirmed this would be secured to prevent unauthorised access to these items.

The provider 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.

There were suitable numbers of dental instruments available for the clinical staff.

The provider had arrangements for transporting, sterilising and storing instruments in line with HTM 01-05. The provider should review the decontamination processes to ensure they are undertaken in the correct order and as described in HTM 01-05. For example:

- Instruments which could not be decontaminated immediately after use were not kept moist.
- manual cleaning of instruments was carried out using hot water and staff were not aware of the need to ensure the temperature did not exceed 45c.
- Instruments were inspected under illuminated magnification after sterilisation rather than before. The illuminated magnification device was broken and could not be used correctly.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The

Are services safe?

recommendations had been actioned apart from training for the responsible person. Records of water temperature 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 provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, this process had not highlighted the decontamination process issues we identified during the inspection.

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 dentists 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 complete, 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. We noted that one book of prescriptions was pre-stamped with the practice name and address. We highlighted the risk of this in relation to prescription security.

The dentists were aware of and following 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. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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. For example, the practice changed to safer disposable systems to prevent sharps injuries.

There was a system for receiving safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. The provider was unable to show that alerts were acted upon if required as these were done by an offsite compliance lead.

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 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 practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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 dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists/clinicians 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.

Staff were 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 dentists and dental hygienist 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. All were aware of and consistently following updated guidance on the new classification of periodontal and peri-implant diseases and conditions from the British Society of Periodontology.

Records showed 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

Staff 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 and we saw this documented in-patient 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 might 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. 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 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.

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

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks

Are services effective?

(for example, treatment is effective)

and information such as consent, monitoring during treatment, discharge and post-operative instructions. We highlighted that clear information about the support required for the patient could be provided to the person escorting the patient. For example, the length of the appointment and assistance that may be required after treatment.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally, at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The provider 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.

Staff monitored all referrals to make sure 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. We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

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

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

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

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

Practice information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff 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.

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 and were aware of the Accessible Information Standard and the requirements under the Equality Act. The Accessible Information Standard is 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 speak or understand English. Patients were offered a choice of interpreter according to their personal preferences. Patients were also told about multi-lingual staff that might be able to support them. 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.

Staff 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. A 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 and prices available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models and X-ray images to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

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 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.

They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

A disability access audit had been completed and the practice had made some reasonable adjustments for patients with disabilities. These included step-free access, non-slip treads on an internal ramp and grab rails installed in the toilet. There were plans to renovate and extend the premises which included plans to provide fully accessible toilet facilities and improved privacy at the reception area.

Patients could choose to receive text message and email reminders for upcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

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 urgent advice or

care were offered an appointment 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. In addition, the practice was part of a local scheme to provide urgent dental care to two patients who did not have a dentist each working weekday.

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

The provider 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. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response. In the event of clinical complaints, the dentists were responsible for reviewing and responding to the complaint directly, with support from the principal dentist and indemnity provider where necessary.

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

We looked at comments, compliments and complaints the practice received in the last 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 principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it with support from the compliance lead and staff.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. In addition, plans were in place to extend the premises and improve facilities for staff and patients. On the day of the inspection the practice was open to feedback and took immediate actions to address concerns raised during the inspection and send evidence to confirm that action had been taken.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values.

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We saw the provider had systems to identify and deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider had learned from previous

complaints that patients preferred to receive direct contact from the dentist where their concerns were clinical. The provider and staff were 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, and 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 practice manager could seek support from the principal dentist or the compliance lead. The practice had recently installed a dental clinical governance compliance package to help them to meet the required standards. They were in the process of reviewing the practice policies and procedures as part of this process.

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

The provider had a 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.

The practice was in the process of reviewing the processes for identifying and managing risks and issues through the new clinical governance compliance programme. An external company had been engaged to carry out premises risk assessments.

Appropriate and accurate information

Staff 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 provider 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

Are services well-led?

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. During the inspection we found all staff were responsive to discussion and feedback to improve the practice.

The provider used patient surveys and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to 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 provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection

prevention and control. We highlighted how audits could be improved. For example, by ensuring the infection prevention and control audit is completed effectively to ensure any issues with decontamination processes are identified and acted on. The radiographic audit did not review X-rays retrospectively to ensure they were clinician specific and quality graded correctly to identify any learning needs.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider funded an online training resource and encouraged staff to complete CPD.