

Tamayuz Limited

Barrington Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 12 November 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Barrington Dental Care is in Altrincham and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available directly in front of the premises and additional on street pay and display parking is near the practice.

The dental team includes two dentists, five dental nurses including one trainee, two dental hygienists, a dental hygiene therapist, a practice manager and two receptionists. 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 Barrington Dental Care is the principal dentist.

On the day of inspection, we collected 26 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

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

The practice is open:

Our key findings were:

- The practice appeared to be visibly clean, tidy 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.
- The provider had systems to help them identify and manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

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

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's protocols for medicines management and ensure all medicines are stored securely.

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 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 had 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 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 provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were 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. All

recommendations in the assessment had been actioned and records of water temperature and quality testing and dental unit water line management were maintained. We highlighted that staff should regularly clean the filters of air conditioning units as recommended in the risk assessment report.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider/infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We saw evidence the findings were analysed and improvements made as a result. At the time of the inspection, decontamination was carried out in the treatment rooms. A dedicated decontamination facility was under construction as part of practice improvements.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. We highlighted with the principal dentist how local Speak-Up contacts could also be included and discussed with staff to allow early resolution of any concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where 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 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.

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

Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Areas of the building where building work was taking place were sealed off and access restricted.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers throughout the building and fire exits were kept clear. Fire detection systems, emergency lighting and evacuation signage were in the process of being installed as part of the improvement plan.

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

We saw evidence 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 in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff. We saw evidence of communication with the radiation protection adviser in relation to relocating the dental cone beam computed tomography (CBCT) scanner. A critical examination was carried out after the inspection and the satisfactory report sent to us.

Risks to patients

The provider had implemented 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. For example, a health and safety audit was conducted prior to the building work commencing. This was kept under review by the practice manager as work progressed. 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 but this did not assess the risk from items other than needles

and dental matrix bands. The practice manager confirmed this would be reviewed and discussed with staff. Staff confirmed that only clinicians 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 vaccination to protect them against the Hepatitis B virus. Evidence of the effectiveness of the vaccination was not available for five clinical members of staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown. The provider assured us that immunity would be checked for these staff.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for sedation was completed by nine members of staff. A second emergency medical oxygen cylinder was provided in line with sedation guidance.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Glucagon, which is required in the event of severe low blood sugar, was stored in a fridge. Staff did not record temperature checks to ensure the fridge maintained a temperature between 2°C and 8°C in line with the manufacturer's instructions. The provider told us this would be reviewed.

A dental nurse worked with the dentists, the dental hygienists and the dental hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

Are services safe?

A dental nurse was appointed as the control of substances hazardous to health (COSHH) lead. They had completed suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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 noted that antimicrobial medicines were not stored securely. The provider confirmed this would be addressed immediately.

The dentists were aware of current guidance with regards to prescribing medicines. We highlighted that where antimicrobials were prescribed or dispensed, the documentation of the justification of this could be improved.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. There were systems for staff to report incidents, accidents and untoward occurrences. This helped staff to understand risks which led to effective risk management systems in the practice as well as 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.

A system was not in place for receiving and acting on safety alerts. We highlighted ways to ensure the practice ensured they receive relevant alerts. The provider confirmed they would ensure that future alerts are received, shared and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice. We saw 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 conscious sedation for patients. This included patients who were very anxious about 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 and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients 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 guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content 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.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to operating microscopes to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist in carrying out root canal treatment.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists and 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 leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. They had provided oral health education at a local nursery.

The dentists and dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved co-ordinating care providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We noted that the dentists escorted patients from their treatment room into the dental hygienist or dental hygiene therapist room. This approach offered an opportunity for them to discuss the care to be provided together with the patient.

Records showed patients with 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.

We highlighted that the team could improve their understanding of their responsibilities under the act when treating adults who might not be able to make informed decisions. For example, obtaining evidence of Power of

Are services effective?

(for example, treatment is effective)

Attorney and when it is appropriate to contact patients' family members in relation to proposed treatment for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 in certain circumstances. 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, two dental nurses had received additional skills training in sedation and three dental nurses had received radiography training.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The practice was involved in training for prospective dental nurses. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning. To support the training needs of staff, a dedicated education and study room had been provided as part of the practice renovations. We saw staff using this on the day of the inspection.

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 for treatment the practice did not provide. Staff monitored referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

The practice was a referral clinic for dental implants and CBCT scans. We saw they monitored and ensured the dentists were aware of all incoming referrals daily. Service level agreements were in place with practices who referred patients for CBCT scans. Dentists who reported on these images had received the appropriate training.

Are services caring?

Our findings

We found 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 made them feel welcome and were friendly, helpful and caring. We saw 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 told us staff were kind and helpful when they were in pain, distress or discomfort.

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

The practice had donated prizes to a local charity and contributed to the upkeep of a public green space in the community.

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 limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the requirements under the Equality Act.

Staff did not have access to interpretation services for patients who did speak or understand English but these had not been required.

Staff communicated with patients in a way 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 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, study models and X-ray images 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 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. At the time of the inspection, the premises were undergoing major renovation to improve the premises for patients and staff.

Staff were clear about 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.

share examples of how met the needs of more vulnerable members of society such as patients with dental phobia, residents of care homes, adults and children with a learning difficulty, homeless people, people with drug and/or alcohol dependence and people living with dementia, diabetes, autism and long-term conditions.

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.

26 cards were completed, giving a patient response rate of 52%

100% of views expressed by patients were positive.

Common themes within the positive feedback included easy access to appointments, how staff listened to patients, spent time discussing options and offered advice to improve oral health. Several patients described the care as outstanding and named members of staff who they felt had provided exceptional care.

We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. These included step-free access to the ground floor and providing reading glasses at reception.

A disability access audit had been completed. The renovation of the premises included plans to improve access for patients. For example, by providing a larger waiting area, a low-level counter at reception to accommodate wheelchair users, a portable hearing loop and a fully accessible toilet with hand rails and a call bell.

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 could choose to receive text message and email reminders for forthcoming appointments. 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.

The staff took part in an emergency on-call service at weekends. Staff described how patient needs were assessed and procedures for opening the practice to provide care for patients who had urgent needs.

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

Staff told us 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 about how to handle a complaint. The practice information leaflet explained how to make a complaint. The complaints procedures were made available to patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice manager 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 past 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 this practice was providing well-led care in accordance with the relevant regulations.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality services and demonstrate improvements over time.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them 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.

The provider had a strategy for delivering the service which 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.

Staff discussed their training needs informally, at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The practice was involved in training for prospective dental nurses. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to

support their learning. To support the training needs of staff, a dedicated education and study room had been provided as part of the practice renovations. We saw staff using this on the day of the inspection. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff 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, and they had confidence that these would be addressed.

Governance and management

Staff had 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 practice manager was responsible for the day to day running of the service with support from staff in lead roles. 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.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits were 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?

During the inspection staff were open to discussion and feedback. Staff involved patients, the public, staff and external partners to support the service.

The provider used online reviews, patient surveys and encouraged verbal comments to obtain staff and patients' views about the service.

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. The practice manager attended regular external meetings with other practice managers to share good practice.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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. Staff kept 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 individual members of staff. The renovation of the practice included the provision of a training and study room for staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development by funding access to an online training provider and providing team training days.