

Oasis Dental Care Limited

Bupa - Ryhall Road, Stamford

Inspection Report

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Overall summary

We carried out this announced inspection on 30 May 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 practice is in Stamford, a town in the South-west corner of Lincolnshire. It provides NHS and private treatment to adults and children.

Services include: general dentistry; privately available treatments include orthodontics, implants and periodontics.

There is level access for people who use wheelchairs and those with pushchairs. Limited car parking spaces, including one for blue badge holders, are available in the car park at the front of the premises.

The dental team includes seven dentists, one specialist orthodontist, one periodontist, one implantologist, seven dental nurses, four trainee dental nurses, one dental hygienist, one dental hygiene therapist and seven

Summary of findings

receptionists. A practice manager and practice co-ordinator are also employed. The practice has six treatment rooms; two are on the ground floor. There is also a separate decontamination 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 Bupa – Ryhall Road, Stamford is the practice manager.

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

During the inspection we spoke with four dentists, three dental nurses, the dental hygiene therapist, three receptionists, the practice manager and a member of the management team from the provider's head office. We looked at practice policies, and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 8am to 7pm, Friday from 8am to 6pm and Saturday from 8.30am 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.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures. We found that references were not held on some staff files. The practice had access to support from a dedicated human resources and recruitment team based within the company's head office.
- 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 practice was served by a dedicated practice manager. 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 use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review staff awareness of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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?

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 complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

We noted that rubber dams were not universally used by clinicians and was not always documented when this was the case. The practice manager told us that they would take action to ensure that all staff used rubber dams in accordance with practice policy.

Staff were qualified for their roles and the practice completed most essential recruitment checks. References were obtained by the provider's head office. They had not been obtained for all members of the team, however.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient, excellent and professional.

The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

We found that staff knowledge of the Mental Capacity Act 2005 required improvement to ensure they all fully understood their responsibilities.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

The staff were involved in quality improvement initiatives such as a good practice certification scheme and peer review as part of its approach in providing high quality care.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous and efficient. They said that they were given helpful and informative explanations about dental treatment, and that their dentist listened to them. Patients commented that staff 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?

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. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed 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.

No action



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 to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was the practice manager. 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 a notification to the CQC in the event of a referral.

The practice had a system to highlight vulnerable patients on records e.g. patients where there were safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication. A pop-up note could be created on patients' records.

The practice had a whistleblowing policy, known as the 'Speak Up' policy. Staff felt confident they could raise concerns without fear of recrimination. The policy included both internal and external contact details for reporting concerns.

We noted that not all the dentists we spoke with used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. When rubber dams were not used, other methods were used to protect the airway, but this was not always documented in the dental care record. We discussed this with the practice manager who told us that the use of rubber dams was compulsory in accordance with policy and that action would be taken to ensure it was universally used.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included details of three other Bupa practices that could be used in the event of the premises becoming un-useable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. We found that most information required, as specified in legislative requirements, was present. We noted that references were not held on record for three of the staff; we were informed that these were held at the provider's Head Office. We requested copies of these and received one reference for one of the members of the team. We saw that whilst other references were applied for, responses had not been received.

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 and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

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

We saw evidence that the dentists 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.

We looked at the practice's arrangements for safe dental care and treatment. Most of the staff, except for one of the dentists, used a safer sharps system. A risk assessment had been completed for the member of the team who used a

Are services safe?

traditional form of needle. They used a safeguard when handling needles. Matrix bands were the fully disposable type. 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. We noted that four staff did not have their immunity levels recorded. We also found that some of the clinical team were low or non-responders to the vaccine. A risk assessment was held for these staff who had signed a disclaimer.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in July 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept weekly records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists, the dental hygienist and hygiene therapist 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, dated March 2017. This was reviewed in July 2018. The review recommended that hot water testing should meet at least 55C and cold water less than 20C. We looked at records of water testing and found that 55C was not always being met. Following our inspection, the practice manager contacted us and advised that thermostatic mixer valves had been fitted in the patient toilets to reduce scald risk to patients, and this was why 55C was not met.

There was a nominated lead for legionella.

Dental unit water line management was in place.

The practice utilised a contractor to undertake cleaning of the general areas of the premises. 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 clinical waste bin was stored externally and was locked although not chained to a secure object.

The practice carried out infection prevention and control audits twice a year. The latest audit in May 2019 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 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.

Are services safe?

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 practice stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record and investigate accidents when they occurred. There had been eight accidents reported within the previous 12 months. They had been documented, investigated and action taken to prevent recurrence. For example, a modification had been made to the front door of the practice following an injury to a patient.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. We looked at six incident records dated within the previous 12 months. These showed that they had been investigated, and necessary action taken. Practice meeting minutes reflected discussions held by staff and management.

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

Patients described in CQC comment cards the treatment they received as efficient, excellent and professional.

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 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.

The practice had access to technology/equipment available in the practice, for example, an extra-oral camera and additional X-ray monitors.

The staff were involved in quality improvement initiatives including in-house peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

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 children 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.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. Patients seeking smoking cessation support were referred to their local GP.

The dentist and dental hygiene therapist 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. A dental hygiene therapist and dental hygienist were employed by the practice; if needed, referrals to them were made.

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. 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. We found that not all members of the team fully 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 might give consent for themselves. All but one member of the team we spoke with (who was not working in a clinical capacity) 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 mostly 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

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dental nurses was enrolled in an oral health and impression taking course; another nurse was undertaking an implant course. The practice manager was undertaking in-house academy training to support their role. Staff with a range of specialties were employed within the practice, for example, one of the members of the team was a specialist periodontist and when they attended the practice they undertook joint consultations with the patient, their usual dentist and therapist.

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 at annual appraisals and 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

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.

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 monitored all patient referrals to make sure they were dealt with promptly.

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 courteous and efficient. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were understanding. Patients could choose whether they saw a male or female dentist when they first attended the practice.

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

We looked at feedback left on the NHS Choices website. We noted that the practice had received five out of five stars overall based on patient experience on six occasions. Reviews included reference to the kindness of staff when patients felt nervous.

An information folder was available for patients to read. There was a water machine, children's toys and a selection of magazines in the downstairs waiting area for patient use.

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 some privacy when reception staff were dealing with patients. If a patient required more privacy, staff told

us they could take them into a private area. 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 be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (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 not use English as a first language.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read /large print materials were available, if required.

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. 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, models, X-ray images and an extra-oral camera.

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. We were provided with examples of how the practice met the needs of individuals with specific needs. For example, longer appointment times allocated, longer and more detailed explanations provided for patients who would benefit from this and patients who chose to be treated in their wheelchair rather than the dental chair. One CQC comment card referred to a specific member of the clinical team who worked effectively with a patient with complex needs.

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. Patients with wheelchairs were seen in a ground floor treatment room. The practice had installed a stairlift to assist patients who would benefit access to the first floor.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass, wide grip pens at the reception desk and an accessible toilet with hand rails and a call bell. Information was contained in the practice information leaflet to inform patients about disability access arrangements.

An audit had been completed and an action plan formulated to continually improve access for patients with disabilities.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Staff issued patient reminders by text message, telephone call or email, based on their individual preference.

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. Time was allocated in the clinicians' daily appointment schedule to respond to any dental emergencies. Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

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 closed. Patients confirmed they could make routine and emergency appointments relatively easily and were not often 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 practice manager was responsible for dealing with complaints. Staff told us they would tell the head receptionist or practice manager 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, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice was part of a large corporate provider which had a head office based in Bristol where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We found the leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders, supported by the team demonstrated 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.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised 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

There was a vision and set of values. Their statement of purpose included the provision of a high standard of ongoing preventative dental care in a safe, caring and supportive environment.

The practice planned its 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 and valued. They told us they took pride in their work.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, a patient complaint regarding a treatment charge

resulted in discussion being held amongst the team about the importance of transparency. Detailed logs were held by practice management regarding staff learning when issues arose.

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 registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was also the practice manager and 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.

There were clear and mostly 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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, installing a stair lift.

Are services well-led?

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 practice 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 if possible.

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, antimicrobial and infection prevention and control. The provider had also undertaken 'mystery shopper' exercises to gauge the

responsiveness and helpfulness of staff by making telephone calls to the practice to enquire about the service. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The whole staff team 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 supported and encouraged staff to complete CPD.