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# Crown House Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 26 June 2018 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**

Crown House Dental Practice is in Sutton Coldfield 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 near the practice. There are no allocated spaces for patients who are blue badge holders but staff told us the staff car park could be used for any patients with mobility difficulties.

# Summary of findings

The dental team includes one dentist, two dental nurses and a practice manager. The practice manager and dental nurses also carried out reception duties. The practice has two treatment rooms. A third dental nurse was on maternity leave.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 30 CQC comment cards filled in by patients. In addition 52 patients left feedback online in the two weeks prior to the inspection.

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

The practice is open between 8am and 5pm from Monday to Friday. It is also open on some Saturdays.

**Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some necessary improvements were highlighted and these were actioned swiftly.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but some improvements were required.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had systems to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

No action 

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

The practice had systems and processes to provide safe care and treatment. Their processes for documenting and learning from incidents required improvements.

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

Staff were qualified for their roles. The practice had a recruitment procedure but this required improvements. Some information was missing from staff personnel files and we were assured this would be obtained.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. We identified some necessary improvements and staff responded swiftly.

The practice had suitable arrangements for dealing with medical and other emergencies. The emergency oxygen capacity needed to be higher and this was arranged immediately.

### Are services effective?

No action 

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and efficient. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles. The monitoring system needed to be more robust as some staff training was out of date.

### Are services caring?

No action 

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

We received feedback about the practice from 82 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, informative and attentive.

They said that they were given excellent and professional treatment, and said 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.

# Summary of findings

**Are services responsive to people's needs?**

No action 

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss. They did not have access to interpreter services.

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

**Are services well-led?**

No action 

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

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

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 typed and stored securely.

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

# Are services safe?

## Our findings

**Safety systems and processes (including staff recruitment, Equipment & 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. They were not aware that a referral would require notification to the CQC. We saw evidence that some of the staff received safeguarding training. Others were not up to date with their training, for example, the practice manager had not completed training since 2013. Within 48 hours of our visit, the provider sent us evidence that all staff had completed this training.

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

The practice had a whistleblowing policy but did not include details of any external organisations that staff could contact. Within 48 hours, the provider sent us an amended policy which included these details. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The dentist had a special interest in endodontics and we were told they would only carry out root canal treatment using a rubber dam.

The practice had a recruitment policy to help them employ suitable staff. The provider carried out Disclosure and Barring Service (DBS) checks for new staff at the end of their probation period and they sought historical DBS checks for staff prior to recruitment. This information was not included in their recruitment policy. We reviewed five staff recruitment records. The provider had not sought any references for staff they had recruited. The practice's policy did not include information about references or DBS checks. Within 48 hours, the practice sent us evidence of an amended recruitment policy and this contained all the necessary information.

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. The Fixed Wiring Electrical Testing was due to be carried out in April 2017. Staff responded immediately and booked an electrician to carry this out three days after our visit.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We were told that fire drills were carried out every six months so that staff were well rehearsed in evacuation procedures. This was not logged. Staff told us the smoke detectors were checked weekly and this was not logged either.

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

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

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

Stock rotation of all dental materials needed to be more robust as we found several items that had exceeded their expiry date. Within 48 hours, the provider had compiled a list of dental materials used in the practice and their expiry dates. This was forwarded to us and clearly showed when the stock would need to be replaced. We were told that staff would check this monthly. All expired stock had been disposed of immediately after our visit.

**Risks to patients**

# Are services safe?

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

We reviewed the practice's health and safety policies, procedures and risk assessments. We were told they were reviewed although the documents were undated. The practice 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.

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

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of the emergency oxygen cylinder. This was present but the size of the cylinder was smaller than the size recommended by current guidance. The correct size was ordered immediately by staff and we saw evidence of this.

Staff kept records of the emergency equipment and medicines checks to make sure these were available, within their expiry date, and in working order.

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

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

The practice had an infection prevention and control policy and this reflected 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. However, staff did not consistently follow their own infection control policy. For example, instruments that required sterilisation were rinsed under running water but current guidance states this should be done under submerged water to prevent splashing in the decontamination room. Within 48 hours, the provider informed us that all infection control procedures were now in line with HTM 01-05. They described the changes they had made. 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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had systems to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment from 2013. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

We saw evidence that the practice had carried out infection prevention and control audits twice a year since 2012. The latest audit showed the practice was meeting the required standards. However, not all the information within the audit was entirely accurate such as some of the procedures used in their infection control procedures. No action plan was present either. Within 48 hours, the provider wrote to us and explained that all future audits would be carried out more vigilantly and any discrepancies would be acted upon.

**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

# Are services safe?

managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection 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 practice had reliable systems for appropriate and safe handling of medicines.

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

The dentist was 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**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues.

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

**Lessons learned and improvements**

Not all staff we spoke with were aware of the Serious Incident Framework and Never Events. There were some processes in place to report, investigate and learn from these. We found they were not recording all incidents to support future learning and reduce risk. Within two working days of the inspection, the provider forwarded us policies about reporting incidents at the practice and explained that they would now log these to share learning.

There was a system for receiving and acting on safety alerts. the practice had signed up to an organisation to receive safety alerts. We noted that this organisation was not the central one for sending safety alerts. Within two working days following the inspection, the provider sent us evidence to show that they had subscribed to the relevant organisation.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

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

The practice had access to a microscope to enhance the delivery of care. The dentist had a special interest in endodontics (root canal therapy) and they used a specialised operating microscope to assist with carrying out root canal treatment.

**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 dentist told us they 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 dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The form used to capture details about the patient's medical history did not include any questions about smoking or alcohol history. This was modified within 48 hours of our visit and we were sent evidence of the amended form. 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

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

**Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers 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. However, they did not record the patients' risk to oral cancer, gum disease or tooth wear. Within two days, the provider sent us evidence they had added a prompt to their software which would serve as a reminder to record this information for each patient.

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

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The dentist had undertaken postgraduate courses to enhance skills in endodontic treatment. The dental nurses were encouraged to carry out further training and one dental nurse was qualified to take dental x-rays.

# Are services effective?

## (for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured induction programme. This process required improvements as some of the documents were undated and not signed. We saw evidence that clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. New CPD requirements came into force in January 2018 for dentists, but the dentist did not have a personal development plan in line with guidance at the time of our visit.

Staff told us they discussed training needs every six months. The practice manager told us that staff received verbal appraisals only. No written appraisals had been carried out so we could not see evidence of 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.

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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes 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 did not monitor all referrals to make sure they were dealt with promptly. Within 48 hours of our visit, the provider forwarded us a spreadsheet that they would use to record and track all referrals.

The practice was a referral clinic for endodontic treatment and they monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

# 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 caring, helpful and efficient.

We saw that staff treated patients respectfully and with professionalism and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Some patients travelled from afar and said they were willing to travel to receive dental treatment at this practice.

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

**Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The provider had invested in methods to improve confidentiality such as adding window frosting. Staff told us that if a patient asked for more privacy they 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 be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were not available for patients who did not have English as a first language. Patients were told about multi-lingual staff that might be able to support them. Additional languages spoken included French, Swedish, Spanish and Arabic.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. 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 dentist described to us the methods they used to help patients understand their treatment options. These included photographs, models, software videos and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

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

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff described to us how they managed patients with anxiety and those living with dementia.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and both treatment rooms accommodated patients in wheelchairs. Toilet facilities were available on the ground floor but these were not wheelchair accessible. Reading materials, such as appointment slips, were available in larger font size upon request. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

A Disability Access audit had not been completed but it was clear that staff had considered methods they would use to 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.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Staff were also planning to introduce a system whereby patients could access urgent appointments on Saturday and Sunday mornings. Patients told us they 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 practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

**Listening and learning from concerns and complaints**

The practice had not received any written complaints under the current ownership. The practice took verbal concerns seriously and staff told us they responded to them promptly and appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

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

The practice manager told us they 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 dealt with their concerns. This information was displayed in the waiting room.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it. We identified necessary improvements and the vast majority were addressed promptly.

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 compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills.

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

**Vision and strategy**

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

**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.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance consistent with the vision and values.

The practice manager was not familiar with the requirements of the Duty of Candour. This requires staff to demonstrate openness, honesty and transparency with patients. We were told that staff worked alongside its principles.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

**Governance and management**

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also 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 effective processes for managing risks, issues and performance.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information.

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

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

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

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

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Examples included the redecoration of the treatment rooms, reception and waiting room.

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.

**Continuous improvement and innovation**

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

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental record keeping, radiographs and infection prevention and control. They had clear records of the results of these audits but they did not have the resulting action plans and improvements. They had not completed any audits in dental record keeping.

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

The dental nurses had informal appraisals biannually which were not documented. We were told they discussed aims for future professional development. Within 48 hours, the provider sent us a template of the appraisal document that they would complete for all staff on an annual basis.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.