

Dr Taylor Lee Pope

Woodchurch Dental Practice

Inspection Report

65 Hoole Road
Woodchurch
Wirral
CH49 8EQ
Tel: 0151 677 6176
Website: N/A

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Overall summary

We carried out this announced inspection on 25 July 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 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

Woodchurch Dental Practice is located in a residential area and provides NHS and private dental care and treatment for adults and children.

There are ramps at the front and rear of the practice to facilitate access for wheelchair users and a dedicated car parking space is available. Additional car parking is available near the practice.

The dental team includes a principal dentist, two associate dentists, three dental nurses, a dental hygienist, and a receptionist. The dental team is supported by a practice manager. The practice has two treatment rooms.

Summary of findings

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.

We received feedback from 12 people during the inspection about the services provided. The feedback provided was positive.

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

The practice is open:

Monday to Friday 9.00am to 5.00pm

Our key findings were:

- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had infection control procedures in place.
- The practice was clean and appropriately maintained internally. We saw some damage to the exterior of the premises.
- The provider had robust staff recruitment procedures in place.
- Staff knew how to deal with medical emergencies. Not all the recommended medical emergency equipment was available.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice team took part in regular training to update and develop their skills.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.
- The provider had systems in place to identify risks. We found that insufficient measures had been put in place to reduce risks.

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

- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's systems for environmental cleaning of the non-clinical areas of the practice taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure sufficient information is recorded when accidents occur, ensure a review of the fire risk assessment is carried out, ensure the X-ray processing chemicals are stored securely, ensure sufficient measures are in place to reduce the risks associated with some of the medical emergency items, and ensure the relevant X-ray machine cannot be used until the recommended safety measures are in place.

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.

Staff received training in safeguarding and knew how to report concerns.

We saw that the practice team investigated and learnt from incidents.

Staff were qualified for their roles.

The practice completed thorough recruitment checks before employing staff.

The premises was maintained appropriately internally. Some improvements could be made to the exterior.

Staff followed processes for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. We found that some items of medical emergency equipment were not available.

We found that the practice had systems in place for X-ray procedures.

We found that the provider had taken insufficient measures to reduce some of the risks at the practice.

On the day of the inspection the provider was open to feedback and took action to address the concerns raised during the inspection. We were sent evidence to confirm that some of the actions had been taken.

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

The dentists kept detailed dental care records to a high standard.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to monitor this. The dental team carried out regular training to update their skills and develop new ones.

The staff were involved in quality improvement initiatives such as peer review as part of the provider's approach in providing high quality care.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 12 people. Patients were positive about all aspects of the service the practice provided. They told us staff were warm, welcoming and considerate.

They said they were always made to feel comfortable, 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.

No action



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 book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had 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 provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

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

The practice team kept accurate, complete patient dental care records. A few of the archived paper records were not stored securely. The provider acted on this immediately after the inspection and sent us evidence to show this had been done.

No action



Summary of findings

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff. We saw changes and improvements which had been put in place as a result of learning from audits.

Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns without fear of reprimand.

The dentists used rubber dams when providing root canal treatment in line with guidance from the British Endodontic Society.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure. We saw that recruitment checks were carried out and the required documentation was available.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The provider had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions. Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and fire-fighting equipment, such as fire extinguishers, was regularly serviced.

The provider was currently refurbishing the interior of the premises. We saw that there was some damage to the exterior of the building. The provider said they would

address this to improve security. After the inspection the provider carried out some additional work to improve the exterior and forwarded evidence to us that this had been done.

We saw current employer's liability insurance for the practice.

The practice had arrangements in place for carrying out X-ray procedures and had the required radiation protection information available. We saw an unused treatment room was fitted with an X-ray machine. The provider told us that it was not currently in use. The provider had consulted the radiation protection adviser for advice on ensuring X-ray procedures were carried out safely in that treatment room and was putting into progress the recommendations. We observed that it was possible to use the X-ray machine at present. The provider told us they would ensure it was not possible to use the machine until the safety recommendations had been implemented.

We saw that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place insufficient measures to reduce some of the risks identified in the assessments.

We saw that a fire risk assessment had been carried out in 2016 and this had been reviewed by the practice in 2017. The provider had refurbished some areas of the practice since then and we observed that some of the fire extinguishers had not been correctly re-mounted. There had also been a build-up of paper and excess equipment since the refurbishment. The provider said they would carry out another review of the fire risk assessment. We were not sent evidence of this.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

Are services safe?

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination and we saw these checks had been carried out.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines were available, within their expiry dates and in working order. We observed that these checks did not include the medical emergency equipment, with the exception of the automated external defibrillator and medical emergency oxygen. Checks on the defibrillator pads had not identified that they were close to expiry, and checks on the medical emergency oxygen had not identified the cylinder was less than half full and not of the recommended size. The provider assured us this would be addressed. We were not sent evidence of this.

We found that some items of medical emergency equipment were not available, namely:

- three sizes of clear masks for the self-inflating bags.

We found that insufficient measures to reduce risks had been taken in relation to two of the medical emergency medicines and one item of medical emergency equipment. The storage of glucagon did not take into account the manufacturer's storage instructions, there was insufficient adrenaline available for further doses should they be required, and it was unclear whether the adult self-inflating bag and mask were latex free. After the inspection the provider forwarded us evidence of new checks they had put in place to ensure the glucagon was stored in accordance with the manufacturer's instructions. We were not sent evidence that the two other issues had been addressed.

We saw that X-ray processing chemicals were not stored securely.

A dental nurse worked with each of the dentists and the dental hygienist when they treated patients. A risk assessment was in place for the infrequent occasions when the dental hygienist worked without this support.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly.

We observed two minor deviations from the guidance; namely there was a tear in the headrest of one of the dental chairs, and the temperature of the water used for decontaminating instruments manually was not monitored. The provider told us these would be addressed. We were not sent evidence of this.

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

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw all the recommended actions had been completed. We saw evidence of measures put in place by the provider to reduce risk from Legionella, for example, water temperature testing and the management of dental unit water lines.

The practice was clean when we inspected. Cleaning tasks had been identified for clinical areas but not for non-clinical areas. After the inspection the provider forwarded us evidence that a daily cleaning task log sheet had been implemented for the non-clinical areas.

Staff ensured clinical waste was segregated. We observed that waste was stored securely.

The practice carried out infection prevention and control audits twice a year.

Information to deliver safe care and treatment

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

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written in a way that kept patients safe. The records we looked at were detailed, accurate and complete.

Medical histories were updated at every patient attendance.

Are services safe?

We found that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice and systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions.

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out to ensure the dentists were following current guidelines.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The provider had procedures in place for reporting, investigating, responding to and learning from accidents,

incidents and significant events. Staff knew about these and understood their role in the process. Staff recorded, responded to and discussed all incidents to reduce risk and support future learning. We saw that accident reports did not always include sufficient detail to determine if appropriate follow-up action had been taken.

The provider had a system for receiving and acting on safety alerts. The practice learned from external safety events as well as from patient and medicine safety alerts. The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. The provider had systems to keep dental practitioners up to date with current evidence-based practice. We saw evidence of regular peer review. The staff were involved in quality improvement initiatives as part of their approach in providing high quality care and participated in local NHS England training events and professional meetings. Two of the dentists had clinical lead roles for some areas of NHS dental training. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance.

Helping patients to live healthier lives

The dental team supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The dentists told us they discussed smoking, alcohol consumption and provided dietary advice to 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 participated in national and local oral health campaigns to support patients to live healthier lives and directed patients to sources of help and advice where appropriate. The dentists carried out visits to local schools to provide oral health education and information on careers in dentistry to children.

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 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 practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The dentists kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that staff 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.

Staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The provider monitored staff training to ensure essential training was completed.

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Are services effective?

(for example, treatment is effective)

The provider was a trainer for a newly qualified dentist under the Foundation Dentist scheme. Both the provider and one of the associate dentists were studying towards obtaining a teaching qualification to enable them to support newly qualified dentists further.

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 specialists in primary and secondary care where necessary or where a

patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

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

The practice tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

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

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other

patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

- Interpreter services were available for patients whose first language was not English. We saw leaflets in the waiting room, including in languages other than English, informing patients about NHS dental treatment provision and cost.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's 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 the treatment options discussed.

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 take account of patients' needs and preferences.

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

The provider had had a disability access audit carried out at the practice. We saw the recommended actions had been completed.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, ramps at the front and rear entrances to assist wheelchair users to access the practice, handrails to assist with mobility, step free access, an accessible toilet with hand rails and a call bell, and a dedicated parking space for patients with disabilities.

The practice was accessible to wheelchair users including the patient toilet facilities. All the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, a hearing induction loop was available, and appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

The practice offered some appointments on a daily basis to people who did not attend a dentist on a regular basis.

Timely access to services

Patients were able to access care and treatment at the practice within an acceptable timescale for their needs.

We saw the practice displayed its opening hours on the premises, and included this information in their practice information leaflet.

The practice's appointment system took account of patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's information leaflet and answerphone provided telephone numbers for patients who needed 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 appointments.

Listening and learning from concerns and complaints

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

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

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. The principal dentist told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were 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

Leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist and the practice manager were experienced in delivering a dental service. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice leaders were visible and approachable.

The provider had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy

The practice had a clear vision and set of values. We saw the practice leaders had considered a long term strategy to deliver high-quality patient centred care. Leaders had the experience, capacity and skills to deliver the practice strategy.

The provider planned the service to meet the needs of the practice population, for example, they had expanded access to the service by recruiting an additional dentist, and also improved facilities at the practice for carrying out governance and management.

The provider had carried out forward planning to ensure good governance and leadership were sustained in the long term.

We saw that the provider had invested in the practice, for example, the premises had been refurbished internally.

Culture

The practice had a culture of learning and improvement.

Staff said they were respected, well supported and valued.

The managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the provider had systems in place to monitor the quality of the service and make improvements where required. Systems were in place for identifying risks. There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection prevention and control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice acted appropriately on 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. Staff password protected patients' electronic care records and backed these up to secure storage. We saw that some archived paper records were not stored securely. The provider acted on this after the inspection and sent us evidence to confirm they were now stored securely.

Are services well-led?

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 to obtain the views of patients and staff about the service. We saw examples of suggestions from patients which the practice had acted on.

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

A summary of patient survey results was displayed in the waiting room for patients to read.

The practice gathered feedback from staff through meetings, surveys, appraisals 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

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and training opportunities for their on-going learning.

The provider had quality assurance processes in place to encourage learning and continuous improvement. These included for example, audits of dental care records, radiographs, infection prevention and control, waiting times, failed appointments and patients' alcohol consumption. Staff kept clear records of the results of these audits and the resulting action plans. The provider made extensive use of audits to drive improvement at the practice and we saw changes and improvements which had been put in place as a result of learning from audits.