2:30 Limited

2:30 Limited AKA The Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 26 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

2:30 Limited is in Corby, a town in the East Midlands. It provides NHS and private treatment to adults and children. The practice provides general dentistry services.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice in public car parks. There are two designated spaces for blue badge holders directly outside the practice.

Summary of findings

The dental team includes nine dentists, 12 dental nurses (two of the nurses work as receptionists), three trainee nurses, one decontamination assistant, one dental hygienist, one dental hygiene therapist and two practice managers.

The practice has nine treatment rooms; four are on ground floor level. There are two separate decontamination rooms.

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 2:30 Limited is one of the principal dentists.

On the day of inspection, we collected 39 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, four dental nurses (including one who works as a receptionist) and one of the practice managers. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 8.30am to 5.30pm, Tuesday from 8.30am to 8pm, Friday from 8.30am to 3.30pm and on Saturday by appointment.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. We noted some areas for review to ensure the practice was always following best practice guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available. We noted that not all sizes of clear face masks for self-inflating bags were held. These were ordered after the day of our inspection.
- The provider had most systems to help them manage risk to patients and staff. We noted some areas that required management oversight, such as water temperature testing for legionella. Follow up action was taken by the provider after our inspection.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. We found exceptions in relation to basic periodontal examination (BPE) and further detail was required in some patient records.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the 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 guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology.
- Review all staff awareness of the requirements relating to consent, the Mental Capacity Act 2005 and Gillick competence and ensure staff know their responsibilities in relation to this.
- 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.

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.

No action

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

No action

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

No action

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

No action

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

No action

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

One of the dental nurses was the lead for safeguarding. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. We noted that one trainee staff member we spoke with was unaware of the policy.

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

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 another practice that could be used in the event of the premises becoming un-useable.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We noted that emergency lighting had not been subject to servicing. The practice manager told us they had not identified that this was required, but would undertake further enquiries.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. The practice had one nominated radiation protection supervisor (RPS); this did not ensure that sufficient cover was in place when they were not in attendance at the practice.

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. We also noted areas that required some further review by the practice.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Most of the clinicians, except for one used traditional needles rather than a safer sharps system. These staff had access to a safeguard when handling needles. A risk assessment had been completed.

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. A sample of staff records we looked at showed that the effectiveness of the vaccination had been checked for all but one member of the team. A risk assessment had not been completed for this staff member. We were sent evidence of this after the day of our visit.

Are services safe?

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

Emergency medicines and most pieces of equipment were available as described in recognised guidance. The practice did not hold all the sizes of clear face masks for the self-inflating bag. We were sent evidence of purchase for these after the day of our visit.

We found staff kept records of their checks of medicines and equipment held to make sure these were available, within their expiry date, and in working order.

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

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

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that the lead for infection prevention and control would benefit from additional training to undertake the role.

The provider had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. However, we noted some scope for improvement in relation to manual cleaning, as the temperature of the water was not checked to ensure it was 45 degrees maximum. We also noted that heavy duty gloves used were changed monthly, rather than weekly and there was not a log for this. We also found that airflow in the decontamination room was insufficient on the day of our visit.

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

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted some areas for improvement in relation to legionella management. Records of water testing from approximately four months ago showed that required temperatures were not always met; the practice had not sought to act upon the findings from testing. Following our visit, we were sent information to show that the issue was being followed up.

We found there was scope to improve training for the nominated lead for legionella. Dental unit water line management was in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The provider carried out infection prevention and control audits twice a year. The latest audit in June 2019 showed the practice was meeting the required standards. However, the audit did not contain an overall score.

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 legible, 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.

Are services safe?

Safe and appropriate use of medicines

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

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

We saw staff stored NHS prescriptions safely as described in current guidance. Monitoring systems required strengthening to ensure the practice could identify if an individual prescription was taken inappropriately. Following our visit, we were sent information to show that monitoring systems had been introduced.

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

Track record on safety and Lessons learned and improvements

There was an accident book held in the practice and we looked in detail at accidents reported since January 2018. Whilst the reports contained information on the nature of the accidents, we noted that further information was required as they did not include any preventative action taken as a result or whether any learning points were shared amongst the team. Through discussions held with the practice manager, and review of meeting minutes, we identified that some action had been taken following a needlestick injury. An instruction had been given for dental nurses not to handle used needles.

There was a policy and procedure for significant events. Whilst there was a reporting form, this had not been utilised. We looked at an overview of incidents which comprised a summary of the accidents reported. There had not been any significant events or untoward incidents recorded, aside from the accidents noted. We identified some less serious untoward incidents which had not been recorded as such. Lack of formal reporting may impact upon the ability of the practice to learn when things went wrong.

There was a system for receiving and acting on safety alerts. Staff 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

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

We received very positive comments from patients about treatment received. Patients described the treatment they received as professional, first class and excellent. A number of comments made reference to individual staff and some patients said they would not go anywhere else for treatment.

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians mostly assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted an exception in relation to guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology always being followed.

Staff had access to technology available in the practice, for example, intra-oral and extra-oral cameras to enhance the delivery of care.

The staff groups met regularly and this included weekly meetings for the dentists to discuss clinical and general issues, and to identify where any support or guidance was required.

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Two of the dentists we spoke with told us that they undertook basic periodontal examinations for young people from the age of 16 to 18 and not the age of seven, as recommended in guidance.

We did not see evidence of pocket probing depth charts where required, in a small sample of patient records completed by dentists, that we looked at.

A dental hygienist and a dental hygiene therapist were utilised by the practice; referrals to them were made when needed.

Consent to care and treatment

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

The practice team told us they understood the importance of obtaining patients' consent to treatment. We found that some of the staff knowledge required updating regarding whom was able to provide valid consent, for example, someone with power of attorney or if a child presented with a foster parent or other family member, and the documentation required in these instances.

The dentists told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patient feedback supported that they were given this information. We found that further detail could be included regarding options and costs explained to patients in the small sample of patients' records we looked at.

There was also scope to improve written information provided to patients who were enrolled on a private dental scheme; it was not clear that they were always provided with a treatment plan.

Patients told us their dentist listened to them and gave them clear information about their treatment. Patient comments included that clinicians always ensured patients understood treatment options, that staff took time to explain everything clearly and advice was always given.

The practice's consent policy included information about the Mental Capacity Act 2005. The team showed awareness of their responsibilities under the Act when treating adults

Are services effective?

(for example, treatment is effective)

who might not be able to make informed decisions. We saw evidence that staff had completed training although we found that they may benefit from further discussions regarding the application of the Act.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Whilst staff were aware of this consideration, we noted it was not always applied in practice, as staff wanted a parent to be present if a child was under the age of 16 years old.

We noted very positive examples of how dentists engaged with children/young people to ensure they were involved in their care, treatment and support. For example, they promoted the use of a two minute toothbrushing app that could be downloaded onto their mobile phones.

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.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, we saw that some of the dental nurses had undertaken radiography training, fluoride application and impression taking courses. Staff had been assigned with lead areas of responsibility, such as safeguarding and infection control. The principal dentists were currently undertaking a course in dental implants and this was a service planned to be provided in the future.

The provider paid for dental nurses' indemnity, DBS checks and online training requirements.

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 had access to speak with management to discuss training needs informally. We noted that some staff annual appraisals were overdue. The principal dentists told us that they were planning to complete these for all the team and were aware they were overdue.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were pleasant, caring and helpful.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone. One patient told us staff always had a light hearted chat which was welcoming when making a visit to the dentist.

Patients said staff were compassionate and 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. One patient told us that reception staff were very helpful when an emergency appointment was needed.

Some of the staff had worked in the practice for many years and told us they knew their patient base well.

An information folder was available in the reception area for patients to read. This included an overview of services provided, patient exemptions information, information on sepsis, contact details for dental emergencies and the complaints procedure.

We looked at feedback left on the NHS Choices website. We noted that the practice had received three and a half out of five stars overall based on patient experience on 13 occasions. The reviews included that outstanding care was provided to a nervous patient and another praised the responsiveness of the team. One review referred to a long waiting time to be seen after the patient had arrived at the practice. We saw that management responded to comments left.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them to 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): We saw:

- Interpretation services were available for patients who did speak or understand English. Staff also encouraged patients who did not speak English to attend with a friend or family member to help translate. This presented a risk of miscommunications/ misunderstandings between staff and patients.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff told us they gave patients 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

Are services caring?

included for example, visual aids, computer screens, X-ray images, written material and an intra-oral camera. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples of how the practice met the needs of patients with dental phobia, those with dementia and other long term conditions.

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. Longer appointment times could be allocated for patients which allowed for breaks to be taken during treatment procedures, if this benefitted them.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, magnifying glass, accessible toilet, a lowered reception desk and ramp access over elevated areas within the practice. Treatment rooms were accessible on ground floor level.

Pre-appointment reminders were issued to patients based on their preference of contact.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients 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 were directed to a local Bupa practice that opened from 8am to 8pm seven days a week. Outside of these hours, patients were directed to NHS 111.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

One of the dental nurses was responsible for dealing with these. Staff would tell them or a practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The lead 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 staff had 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

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

Leadership capacity and capability

We found the leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentists, who were supported by the wider team, demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Managers were knowledgeable about issues and priorities relating to the quality and future of services.

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

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

Vision and strategy

There was a vision and set of values. The practice's statement of purpose included the promotion of good oral health to all patients, the provision of top quality dental care and understanding the needs of their patients.

We were told about the provider's plans for the practice. This included refurbishment of the reception area and building a more private area for where telephone calls could be taken or made. Other updates were also planned, for example in the patient waiting area. There were also plans for the purchase of new equipment such as an intra-oral scanner and dental cone beam computed tomography (CT) scanner. They planned to offer dental implants.

Staff planned the services to meet the needs of the practice population.

Culture

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

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

The staff focused on the needs of patients. The practice offered late opening on a Tuesday for those who wished to attend outside of usual working hours.

Openness, honesty and transparency were demonstrated when responding to complaints. We discussed clinical complaints with the principal dentists and were provided with details as to how these were suitably addressed with the clinicians concerned.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice managers were 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.

We saw there were clear and effective processes for managing most risks, issues and performance. We noted areas that required review such as ensuring the risk presented by legionella was managed and staff appraisals which were overdue and required completion.

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, written and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the

practice had acted on. For example, changes to seating in the upstairs area to make it more comfortable, a mirror in the toilet facility and removal of the 08-national rate telephone number from literature.

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

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, changes in the staff room area and changes to rota planning.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, disabled access, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements, where required.

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

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.