

## Bradley Shorthouse Dental Clinic

# Bradley Shorthouse Dental Clinic

### Inspection Report

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## Overall summary

We carried out this announced inspection on 23 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**

Bradley Shorthouse Dental Clinic is in Kidderminster and provides NHS and private treatment to adults and children.

The practice is situated in a listed building and is accessed up a small flight of stairs. The practice informs all new patients wishing to register that they are not wheelchair accessible and signpost patients that cannot

# Summary of findings

manage the stairs to a nearby practice. There are several pay and display car parks within a 10-minute walk of the practice which also have parking spaces available for blue badge holders.

The dental team includes four dentists, one dental hygiene therapist, two dental hygienists, six dental nurses, two receptionists and a practice manager. The practice has four treatment rooms.

The practice is owned by a partnership 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 Bradley Shorthouse Dental Clinic is the practice manager.

On the day of inspection, we collected 49 CQC comment cards filled in by patients and received CQC share your experience feedback from 121 patients.

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

The practice is open:

Monday from 8am to 5pm.

Tuesday from 9am to 5pm.

Wednesday from 8am to 5pm.

Thursday from 9am to 5pm.

Friday from 8am to 3pm.

## **Our key findings were:**

- Effective leadership was provided by the partners and an empowered practice manager.
- Staff we spoke with felt valued and well supported by the practice manager. The team were committed to providing a high-quality service to their patients.
- The practice appeared clean and well maintained. An external company was contracted to provide a cleaning service and schedules were maintained to monitor this.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of a size 0 oropharyngeal airway and clear face masks (sizes 1, 2, 3 and 4). The oxygen cylinder was smaller than the 460 litres recommended in resuscitation guidelines. These were items were all ordered and replaced the day after our inspection.
- The provider had systems to help them manage risk to patients and staff. There was a process in place for the reporting and shared learning when significant events occurred in the practice.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients could access routine treatment and urgent care when required.
- The provider had effective leadership and culture of continuous improvement.
- The provider asked patients for feedback about the services they provided. Results of these audits were analysed and displayed in the practice manual for patients to read.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

# 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. The practice manager conducted daily health and safety walkarounds of the premises and an annual health and safety audit.

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. Safeguarding local authority contact details were displayed in the practice manager's office / staff room. Both the practice manager and the safeguarding lead had completed a level three safeguarding course. We saw evidence that all staff had received appropriate safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns internally and to the local authority. The practice had made one safeguarding referral which they had failed to notify CQC about; their processes were immediately amended to ensure that notifications would be sent in the future.

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 however we noted that this did not include all external organisation details that staff could report concerns to. The policy was immediately updated to rectify this. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at 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.

The practice used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The practice manager used an annual maintenance schedule to ensure all servicing and maintenance tasks were completed within appropriate timeframes.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We were shown evidence that the emergency lighting service had been scheduled to be completed with the fire alarm service. The engineers failed to complete the lighting service and this had lapsed, the practice manager had rescheduled a visit in July for the engineers to return and complete this. Fire drills were completed twice a year.

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 used a digital X-ray machine with a fitted rectangular collimator which reduced the dose and scatter of radiation.

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 in respect of dental radiography.

### **Risks to patients**

# Are services safe?

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance which was displayed in the waiting room.

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 and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, 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 every year.

Appropriate medicines and life-saving equipment were available, with the exception of a size 0 oropharyngeal airway and clear face masks (sizes 1, 2, 3 and 4). The oxygen cylinder was smaller than the 460 litres recommended in resuscitation guidelines. These were items were all ordered and replaced the day after our inspection. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

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

There were enough 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.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The decontamination room had colour coded worksurfaces to signify the demarcation lines between clean and dirty areas. 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 which had been completed in April 2019. The practice manager received a copy of the report in June 2019 and had contacted the landlord to arrange a meeting to discuss the recommendations that required action. Records of water testing and dental unit water line management were in place.

An external company was contracted to provide the cleaning service for the practice and we saw cleaning schedules that were used to monitor this. 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 infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in July 2019 showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

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

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

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines. We noted sepsis (a serious complication of an infection) guidance was displayed and staff had a clear understanding of the implications of sepsis and the common signs and symptoms.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. In the previous 12 months there had been 22 incidents recorded. These had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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.

### **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 assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

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

### **Helping patients to live healthier lives**

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

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

The dentists 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved referral to the practice hygienists, providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. 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.

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. The company funded two in house training days a year for all staff.

# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice manager addressed the training requirements of staff. The practice manager supported team members to complete infection prevention control and fire safety training as part of their annual appraisal process.

## **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

We received overwhelmingly positive feedback for this practice through 49 CQC comment cards and 121 CQC share your experience online feedback forms. Patients consistently told us that staff treated them with kindness, respect and compassion.

Comments we viewed from patients were consistently positive and included, 'This practice is the best ever. I used to be scared of the dentist. Every time I am treated with respect, dignity, kindness and gentleness'; 'All the staff are very pleasant and kind to me' and 'Professional, efficient, friendly and caring. Been a patient here for many years. Always a smile and reassurance when needed'.

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

Patients commented positively that staff were always caring, friendly and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. We observed one dental nurse support a patient with limited mobility and escort them into the treatment room and the practice manager rush to hold the door open for two patients.

We received hundreds of positive comments naming many different staff members and detailing how well staff supported patients on a daily basis.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas

provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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 to be involved in decisions about their care and were aware of the

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

- Interpretation services and google translate were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models and X-ray images. The practice had recently recruited a treatment co-ordinator to support patients and discuss their treatment needs, options and costs with them.

# 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.

The practice manager shared examples of how staff met the needs of more vulnerable members of society such as patients with a learning difficulty, patients with mental health issues, patients with autism and people living with dementia. One patient commented 'Very, very caring staff. They go out of their way to cater for your needs, e.g. my daughter's needs as she has mental health issues'.

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. The practice manager described how they spoke clearly and ensured that they always faced one patient who needed to lip read. A comment received from one patient told us of adjustments staff had made specifically for their child who had a learning disability.

The practice had made reasonable adjustments for patients with disabilities where possible. The practice was situated in a listed building and was accessed up a small flight of stairs. Due to the building constraints, wheelchair access was not possible. The practice informed all new patients wishing to register that the premises were not wheelchair accessible and would signpost patients that could not manage the stairs to a nearby practice.

Adjustments that were in place included a hearing loop, reading glasses, a low-level area of the reception desk and a ground floor toilet with a baby change unit. There was an intercom on the front door so that patients could alert the reception team if they required support with the stairs.

A disability access audit had been completed in May 2019 and an action plan formulated to continually improve

access for patients. The provider had painted door frames and skirting boards in contrasting colours to the doors and walls to support patients with sight loss and those living with dementia.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### 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 ran smoothly on the day of the inspection and patients were not kept waiting.

The dentists took part in an emergency on-call arrangement for their private patients and referred NHS patients to the NHS 111 out-of-hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to

# Are services responsive to people's needs?

(for example, to feedback?)

discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past three years. 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 leaders had the capacity and skills to deliver high-quality, sustainable care. The partners demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. The partners and practice manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The partners had recently refurbished the practice waiting area, reception and patient toilet.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager had recently recruited several new team members and introduced a new treatment co-ordinator role to enhance the service provided to patients.

### **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. The practice aim was for patients to be pleased with their experience of this service.

### **Culture**

The practice had a culture of high-quality sustainable care. Several staff members had worked at the practice in excess of 30 years which had enabled them to build strong, professional relationships with their patients and understand their individual needs.

Staff told us that they felt well supported and could raise any concerns with the practice manager and the partners. All the staff we met said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

The staff focused on the needs of patients.

We saw the provider took effective action to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

The practice held monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. In addition to this, monthly newsletters were emailed to all staff to share group updates. All of the staff used a social media tool to communicate and share information with one another.

### **Governance and management**

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

The partners 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 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. The practice manager had implemented an electronic app to securely store all policies and procedures. In addition to the paper copies held in the practice, the team could also access these documents remotely on their mobile phones.

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information 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**

# Are services well-led?

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

The provider 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. For example, following patient feedback the practice manager removed a facial aesthetics display from the waiting room.

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 results for January 2019 to June 2019 showed that of the 164 respondents, 99.4% of patients would recommend this practice to friends and family.

The provider gathered feedback from staff through meetings, surveys, 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.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, topics covered at a recent in-house training day included CQC requirements and awareness of regulation and team audit.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per the General Dental Council's (GDC) professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD. Following the change in GDC professional development requirements, the practice manager had arranged for an external company to provide in-house training on the changes to ensure all staff were aware of the requirements. The development outcomes were displayed on the noticeboard on the practice manager's office / staff room.