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Finedon Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 8 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located in Finedon, a small town in the Borough of Wellingborough and provides mostly private treatment to adults and children. There is some NHS treatment provided but the practice is not currently accepting new patients for NHS treatment.

There is level access for people who use wheelchairs and those with pushchairs. There are limited car parking spaces directly in front of the premises and on road public parking is available within close proximity to the practice.

Summary of findings

The dental team includes two dentists, three dental nurses, one trainee dental nurse, one dental hygiene therapist and one receptionist. The practice has two treatment rooms; both are on ground floor level.

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

On the day of inspection, we collected 49 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, the dental hygiene therapist, two dental nurses, one trainee dental nurse, the receptionist and a compliance advisor.

We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday and Thursday from 8.30am to 1pm and 2pm to 5pm, Tuesday and Wednesday from 9am to 1pm and 2pm to 8pm and Friday from 8.30am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available. The practice did not have access to an automated external defibrillator (AED) on site; they had completed a risk assessment which would benefit from a review.
- 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a 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 availability of an automated external defibrillator (AED) 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 security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. The practice had a policy for the reporting of untoward and significant events. Though none had been formally recorded, discussions took place in practice meetings and appropriate action was taken to prevent recurrence.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies. We found that not all sizes of clear face masks for the self-inflating bag were held. The practice did not have an automated external defibrillator (AED). Whilst a risk assessment had been completed for the AED, we found that this would benefit from review to ensure that it was effective.

NHS prescription pad numbers were not logged for monitoring purposes.

Are services effective?

No action

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

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

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

Are services caring?

No action

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

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, courteous and that they listened. We did not receive any negative feedback in the comment cards completed.

Summary of findings

Patients said that they were given helpful, informative and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and a lowered desk at the reception. Whilst there was a patient toilet facility this was not suitable for wheelchair users. The practice did not have a hearing loop. The provider told us that they had not identified the need for this.

Interpretation services were available for those who spoke languages other than English and staff spoke languages including Russian, Latvian, Polish and Romanian. The interpretation service included British Sign Language. There was information about this included in the patient information folder.

The practice took patients views seriously. They valued compliments from patients and had responded to the one complaint received within the past 12 months quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns was the principal dentist. We saw evidence that staff received safeguarding training every three years. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. An alert or flag could be used to convey this on patients' electronic records.

The practice had a whistleblowing policy. This included both internal and external contacts for reporting. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was an agreement held with another dental practice for their premises to be used, in the unlikely event of the site becoming unusable.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice 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 ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. On the day of inspection, a formal certificate for five year fixed electrical wiring was not provided, but this was sent to us afterwards.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

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

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

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. One dentist used traditional needles and had access to a needle guard, the other dentist used a safer sharps system. 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.

Are services safe?

Most emergency equipment and medicines were available as described in recognised guidance. We found that not all sizes of clear face masks for self-inflating bag were held. 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. The practice did not have an automated external defibrillator (AED) on the premises; they had undertaken a risk assessment of the time it would take to get to the nearest defibrillator that was held in the local area for public use. The risk assessment did not take account of any potential delays or situations which may arise during the retrieval process or include assurances regarding responsibilities for who maintained the equipment. It did not include detail as to the potential time it may take the emergency services to arrive at the practice. The arrangements could be strengthened to ensure that the risk assessment was effective.

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

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was completed in November 2016. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice utilised an external cleaner to clean their 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 practice carried out infection prevention and control audits twice a year. We were unable to view the audits as the practice told us they had been unable to download these. We were provided with a summary of results for the last two audits. This showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. We looked at the process for dispensing of antibiotics. We found that packs of antibiotics were sometimes split for patient use as they arrived pre-packed for seven days supply. As some patients required five days supply, these were split and dispensed appropriately. A photocopy of the information contained in the pack was provided to the patient when this was the

Are services safe?

case. The practice was using appropriate labelling to include the patient name, name and address of issuing practice, date of issue/supply, directions for use of the medicine and precautions associated with that medicine.

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

The practice stored NHS prescriptions securely as described in current guidance. We found that monitoring systems required some strengthening as records were not held of individual prescription numbers; this would identify if a prescription was taken inappropriately.

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

Track record on safety and Lessons learned and improvements

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

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We noted that there were no accidents reported within the previous 12 months.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. Whilst there had not been any incidents formally recorded as such, we identified some issues that should have been. We noted that discussions had taken place in practice meetings and action taken to prevent recurrence. For example, an incident involving a patient faint had been reviewed and discussed for staff learning.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received many positive comments from patients about the treatment and service received; some made reference to individual staff members. More than one patient told us that their dentist was the best they had seen. Overall, we noted high levels of patient satisfaction.

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 had access to technology such as intra-oral and extra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

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

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

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

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

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

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

Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. 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 may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. One of the qualified dental nurses had completed their training whilst working for the practice and a trainee dental nurse was being supported by staff to undertake their training. Another dental nurse had self-funded an oral health education course.

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.

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at quarterly reviews and annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding. One patient told us that they did not like the sight of needles and their dentist took great care to ensure that they did not see them and spoke quietly and calmly towards them.

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

We looked at feedback left on the NHS Choices website. We noted that the practice had received 4/5 stars based on patient experience on three occasions. Comments left included that the dentist was very considerate in listening to what the patient hoped to achieve and one reviewer stated that the dentist had saved them money as they only needed to see the patient once a year for a check-up.

An information folder was made available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. This included British Sign Language. Information about this was included in the patient information folder. Staff also spoke various languages including Russian, Latvian, Polish and Romanian.
- Staff communicated with patients in a way that they could understand and large print materials could be obtained if required.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models, X-ray images, intra-oral and extra-oral cameras, software and screens which were used to help the patient better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff told us how they met the needs of more vulnerable members of society such as those living with a mental health problem. We were told that nervous patients could be allocated a longer appointment time or be seen the start of the day to avoid them waiting.

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

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. The practice was based on ground floor level which meant it was accessible for wheelchair users. There was a handrail in the corridor to assist those who may require its use.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and a lowered desk at the reception. Whilst there was a patient toilet facility; this was not suitable for wheelchair users. The practice did not have a hearing loop. The provider told us that they were aware of the needs of some of their patients who had hearing problems and they had managed to communicate effectively without a loop.

A disability access audit had been completed.

Staff contacted patients prior to their appointment to remind them to attend.

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. We were told that the next routine appointment with the dentist was available within 48 hours. Patients who requested an urgent appointment were seen the same day and allocated time was put aside in the dentists' diaries to accommodate this. 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 waiting. The principal dentist told us that they could see patients on a Saturday by pre-arranged appointment and they were open until 8pm two days of the week.

Private patients had access to the principal dentist if a dental emergency arose outside of usual opening hours. NHS patients were directed to attend a Bupa practice that had an out of hours contract and was open from 8am to 8pm every day. Outside of these hours, patients were advised to contact NHS 111.

The practice's information leaflet and answerphone provided information for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at compliments and the one complaint the practice received within the previous 12 months.

This showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning.

Are services well-led?

Our findings

Leadership capacity and capability

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

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

The principal dentist was visible and approachable. They worked closely with staff.

The practice had effective processes to develop leadership capacity and skills, including planning for the future.

Vision and strategy If applicable

There was a vision and set of values. The provider's statement of purpose included their aim to provide dental care of a consistent quality for all patients. It also stated that management systems enabled them to define each practice members' responsibilities when looking after patients. Patient feedback we received supported the effectiveness of the service provided.

The practice planned its services to meet the needs of the practice population.

Culture

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

Staff stated they felt supported and valued. They told us the positives of working in the practice included the team working.

The practice focused on the needs of patients.

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

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

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They sought advice and guidance from an independent compliance advisor, who attended on the day of inspection to support the practice.

The principal dentist was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys as well as any verbal or written comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, higher seated chairs were obtained for the waiting area which were more comfortable for older patients and those with a mobility problem to use.

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

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

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

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

Staff directly employed by the practice had quarterly reviews and annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.