Broxbourne Dental Care Limited

Broxbourne Dental Care - Broxbourne

Inspection Report

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Overall summary

We carried out this announced inspection on 14 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Broxbourne Dental Care is in Broxbourne and provides NHS (22%) and private (78%) treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available behind the practice.

Summary of findings

The dental team includes eight dentists, nine dental nurses, three dental hygienists, two receptionists and one practice manager/receptionist. The practice has six 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 Broxbourne Dental Care was the principal dentist.

On the day of inspection we collected 35 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with three dentists including the foundation dentist, two 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 6.30pm.

Tuesday from 8am to 6pm.

Wednesday from 8am to 6pm.

Thursday from 8am to 6pm.

Friday from 8am to 5pm.

Saturday from 8am to 12 noon.

Our key findings were:

- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available with the exception of some airways sizes 0 and 4 and paediatric pocket masks which were immediately ordered.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.

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

- Review staff training to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

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

Premises and equipment were clean. There were no records of gas and fixed wire testing retained at the practice. The pulse oximeter had not been serviced or calibrated.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found there was no hand washing sink in the practice decontamination room. Staff were using either the sink in the kitchen or the sink in the staff toilet to wash their hands both before and after the decontamination process.

Bi-annual infection control audits had been undertaken. There was a lack of risk assessments including the safe use of needles and sharp dental instruments and substances hazardous to health.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 given with care and consideration. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Staff who supported the sedationist had not undertaken training other than in-house training provided by the sedationist. We were told staff had training for Immediate Life Support scheduled for November 2018.

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

The practice supported staff to complete training relevant to their roles 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.

Summary of findings

We received feedback about the practice from 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, friendly and polite.

They said that they were given helpful, positive and informative advice 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

We looked at a sample of dental care records and found that some records lacked detail of discussions regarding options, risks and benefits and therefore informed consent. There was a lack of audit of dental care records.

There was a lack of risk assessment in place to ensure the practice monitored clinical and non-clinical areas of their work and to help them improve and learn.

The practice asked for and listened to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)).

The practice had clear systems to keep patients safe.

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

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

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. 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 suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. We found that this was incomplete and did not include contact details for utility services and other contacts. We discussed this with the provider who told us they were in the process of reviewing all practice documents following the installation of new software earlier in the year and this would be put in place.

The practice did not have a staff recruitment policy or procedure. We saw that the practice undertook employment checks for all staff. We found that the checks reflected the relevant legislation. We looked at seven staff recruitment records. We noted that whilst dentist staff records were in order, some dental nurses and non-clinical staff records were incomplete with recruitment information or photographic identification missing. We discussed with the practice the need to have a written recruitment policy and procedures in place for future recruitment.

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

We found there were no records of gas and fixed wire testing retained at the practice. We discussed this with the provider who was not aware of these and advised us these records were potentially with the buildings landlord. They told us they would be confirming with the landlord that these checks were in place.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. We noted that the practice had not included the evacuation of sedated patients in the fire risk assessment.

We found that other information was missing from the practice radiation file, this included critical exam and acceptance testing certificates. We discussed this with the provider and following our inspection we were sent evidence that some actions had been taken to resolve these issues.

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 some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies and procedures were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance. There was a lack of risk assessments in place to minimise risk.

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 not been undertaken.

Are services safe?

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

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

Emergency equipment and medicines were mostly available as described in recognised guidance. Some items were missing including airways sizes 0 and 4, and paediatric pocket masks. There was only one medical oxygen cylinder in the practice. We discussed these items with the dentist and received confirmation following the inspection that these were immediately replaced.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We found there was no risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had a file with details of substances that are hazardous to health, we found there were no risk assessments in place to minimise any potential risks.

The practice had an infection prevention and control policy and procedures. 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 HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. Infection control audits had been undertaken twice a year.

We found there was no hand washing sink in the practice decontamination room. Staff were using either the sink in the kitchen or the sink in the staff toilet to wash their hands both before and after the decontamination process. We discussed these issues with the provider and following our inspection we received confirmation that action was taken to resolve these issues.

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

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

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bins were locked but had not been secured to the building; we discussed this with the provider and following the inspection we received confirmation that this had been actioned.

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 and found that not all the records we reviewed were detailed and contained information about the patients' current dental needs, past treatment and medical histories. Some dental care records lacked detail of discussions regarding options, risks and benefits and therefore informed consent.

Dental care records we saw were legible and were kept securely and complied with data protection requirements.

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

Safe and appropriate use of medicines

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

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

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

Are services safe?

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

Track record on safety

There were some risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a picture that led to safety improvements.

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

Lessons learned and improvements

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

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.

Are services effective?

(for example, treatment is effective)

Our findings

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 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 one of the dentist partners at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

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

The dentists told us that where applicable they 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 available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

Consent to care and treatment

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

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

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

We looked at a sample of dental care records and found that some of the records we reviewed were detailed and contained information about the patients' current dental needs, past treatment and medical histories. We noted that the dental care records we reviewed for those patients seen by the associate dentists lacked detail of discussions regarding options, risks and benefits and therefore informed consent.

We saw that the practice had undertaken some audits of patients' dental care records to check that the dentists recorded the necessary information. These were only for the trainee and the two principal dentists and were limited in the number of records reviewed. We saw no audits of patient dental care records for those patients seen by the associate dentists.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks

Are services effective?

(for example, treatment is effective)

and information such as consent, monitoring during treatment, discharge and post-operative instructions. We found that the practice only had one medical oxygen cylinder and the pulse oximeter (equipment to measure the oxygen level in the blood) had not been serviced or calibrated. Following the inspection the provider confirmed with CQC that the pulse oximeter had been sent for servicing and calibration.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a second individual. The name of this individual was recorded in the patients' dental care record. We were told by the practice that staff who supported the sedationist had not undertaken training other than in-house training provided by the sedationist. We were told that staff had been booked to attend appropriate sedation support training in November 2018 to ensure staff had undertaken Immediate Life Support (ILS) training for sedation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

We saw schedules of staff team annual appraisals and pre-appraisal questionnaires completed by staff. Staff told us they discussed learning needs, general wellbeing and aims for future professional development at their appraisal. We were unable to look at completed appraisals as we were told the documentation of the most recent completed appraisals had been misplaced.

Co-ordinating care and treatment

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

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

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

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

The practice 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 efficient, pleasant and informed. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they 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 was 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 areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Staff were aware of interpretation services. We were told us there had been no demand for this service. There were multi-lingual staff that might be able to support patients.

Staff helped patients and their carers find further information and access community and advocacy services where required. They helped them ask questions about their care and treatment and supported patients to complete information requests where appropriate.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray.

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 gave clear examples of how they had supported vulnerable patients to access treatment.

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

We noted the practice had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff were caring and supportive and ensured patients were informed throughout their visit to the practice.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a selection of reading glasses for patients who may have forgotten theirs and accessible toilet with hand rails and a call bell.

Staff told us that patients were sent text message appointment reminders prior to their appointment and staff telephoned some older more vulnerable patients to make sure they could get to the practice.

Timely access to services

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

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

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

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

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

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

We looked at comments, compliments and complaints the practice received in the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care.

The principal dentist 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. They understood the challenges and were addressing them.

The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

The practice planned its services to meet the needs of the practice population. This included on-going development of the staff team, training and enhancing the technology provision already in place.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice focused on the needs of patients.

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.

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

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

Governance and management

The registered manager 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 registered manager described to us the process they were introducing to ensure staff took responsibility for individual roles and were accountable and empowered to take responsibility, we were told this was a work in progress.

We identified a number of shortfalls in processes for managing risks, issues and performance. Dental care records we reviewed were incomplete and lacked detail. Audits of dental care records were limited. There were no risk assessments for substances hazardous to health and no risk assessments for staff using needles and other sharp dental items.

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.

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. We noted that improvement was needed in the recording and auditing of dental care records.

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

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys, verbal comments, and social media responses to obtain staff and patients' views about the service.

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, surveys, 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

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

We saw schedules of staff team annual appraisals and pre-appraisal questionnaires completed by staff. Staff told us they discussed learning needs, general wellbeing and aims for future professional development at their appraisals. We were unable to look at completed appraisals as we were told the documentation of the most recent completed appraisals had been misplaced.

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

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