

Nationwide Healthcare

Anstey Family Dental Centre

Inspection Report

9 Bradgate Road
Anstey
Leicester
LE7 7AB
Tel: 0116 2362534
Website: www.ansteydental.co.uk

Date of inspection visit: 29 January 2020
Date of publication: 20/03/2020

Overall summary

We carried out this announced inspection on 29 January 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Anstey Family Dental Centre is based in a large village in the north west of Leicestershire. It provides mostly NHS and some private dental care and treatment for adults and children. Services include general dentistry.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There are no car parking facilities; free parking is available in a car park within close distance of the practice. This includes parking for blue badge holders.

Summary of findings

The dental team includes four dentists, two dental nurses, three trainee dental nurses, and three receptionists and a practice manager who is a qualified dental nurse. The practice has four treatment rooms, one on the ground floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Anstey Family Dental Centre is one of the partners.

On the day of inspection, we collected 10 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, two dental nurses who also worked as receptionists, a trainee dental nurse, a practice support officer and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- 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. The kit was held in a locked cupboard on the day of our visit, but this was moved to an unlocked room after our inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We were sent further supporting evidence after the inspection day.

- The provider had staff recruitment procedures which reflected current legislation. We noted that a reference had not been obtained for one member of staff.
- The clinical staff provided patients' care and treatment in line with current guidelines. We noted an exception in relation to dentist's awareness of the new classification system from the British Society of Periodontology regarding gum disease. We were provided with evidence of staff completion of training following the inspection.
- The practice was participating in the 'Dental Check by One' (DCby1) campaign. Their aim was to see more young children as their teeth come through, and before their first birthday.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- There was leadership and a culture of continuous improvement. There was scope to improve systems at operational level to ensure all information was accessible to staff when required.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints.
- The provider had information governance arrangements.

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

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, that documentation required to ensure the smooth running of the service is available to staff at an operational level.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found 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 systems to keep patients safe.

Staff showed awareness of 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. We noted that contact information for reporting concerns to external agencies was available in the policy, but not displayed elsewhere in the practice. Following our visit, we were informed that contact information was now displayed at the reception desk and in the staff room. The lead for safeguarding was one of the dentists.

We saw evidence on the day of our inspection that some staff had received safeguarding training. Not all certificates for staff were available. Following our visit, we were sent other staff safeguarding certificates. The certificates showed that in-house training had been completed by all staff within the previous three years. We were also sent evidence of level two safeguarding training certificates, these had been completed by the team after our visit.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

The provider had 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. There was a separate de-contamination room, and this was separated by a hatchway between the clean and dirty areas. We noted there was insufficient airflow between the areas to meet best practice.

Staff completed infection prevention and control training and received updates as required.

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

The staff had systems in place to ensure that patient-specific dental appliances were 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 dated 2017. Whilst we noted where recommendations had been actioned, there were no records available to show that the lesser-used outlet in a surgery room had been subject to flushing. Following our visit, we were informed that this was now being flushed on a weekly basis.

We saw records of water testing and dental unit water line management were maintained.

Staff shared cleaning duties to maintain the general areas of the premises. A domestic cleaning audit had been completed. When we inspected we saw the practice was visibly clean.

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

The provider carried out infection prevention and control audits twice a year. The latest audits in July 2019 and January 2020 showed the practice was meeting the required standards.

The provider had an 'underperformance and whistleblowing' policy. Staff felt confident they could raise concerns without fear of recrimination.

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

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

As part of our inspection process we request to see all recruitment records. On the day of inspection only two recruitment records were available for the 13 staff working at the practice.

We saw that checks were undertaken with one exception.

In one of the staff member's files, we noted that a reference had been requested but not received. We noted they had not been employed in a clinical capacity prior to their recruitment at the practice. We requested to view another staff member's file that was not available on the day as we were told that documentation was held in the provider's head office. This was sent to us after the day and we noted that required checks had been completed.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The electrical five-year fixed wiring certificate was not available on the day of our visit. This was sent to us after the day.

A fire risk assessment had been carried out by the provider. The documentation identified significant hazards, controls in place and any further action required. There was scope to improve the assessment to include further detail regarding risks presented and mitigating action taken.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Logs were available to support that these were regularly checked by staff.

The practice had arrangements to ensure the safety of the X-ray equipment. We were unable to view the three yearly performance test for the orthopantomogram (OPG) machine as we were informed this was held at the provider's head office. This was sent to us after the day. Rectangular collimators were not fitted to X-ray equipment in some of the surgeries. After our visit, we were informed that collimators had been fitted to all equipment and we were sent photographic evidence to demonstrate this.

We saw the required radiation protection information was available, although there was scope to improve current arrangements to ensure that documentation could be located with ease when required. Following our visit we were informed that the file now had a designated folder of its own and we were sent evidence to confirm this.

We saw evidence the dentists justified, graded and reported on radiographs they took.

We were informed on the day that the provider carried out radiography audits every year following current guidance and legislation. The documentation was held in head office and a sample of audits completed for staff were sent to us following the inspection day.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage most 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.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. We were told that dentists only dismantled used needles. A sharps risk assessment had been completed; there was scope to include further detail in the assessment to identify the individual control measure for each sharp used. Following our visit, we were sent a copy of the revised assessment.

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

Staff had not completed sepsis awareness training. Training would direct staff to make triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. Following our inspection, staff completed this training and we were sent evidence to support this.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. This was last completed in July 2019.

Emergency equipment and medicines were available as described in recognised guidance. We found some expired defibrillator pads (dated November 2017) that were attached to the machine. The practice sent us photographic evidence after the inspection and informed us that pads within date were also held.

Staff kept records of their checks of emergency kit held.

We found that the emergency kit was kept in a locked cupboard, this did not follow national guidance. The practice manager told us they would immediately review their current arrangements for the storage of the kit. After our visit, we were informed that the kit had been moved to an unlocked room and were sent evidence of this.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a 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.

Our discussions held with staff supported that they were aware of guidance with regards to prescribing medicines. We were informed by clinical staff that antibiotic prescribing audits had been completed and these had resulted in some modification of the dentists prescribing. We were unable to view audit activity on the day as were told this was held at the head office. A sample of audits completed for two of the dentists were sent to us shortly after our inspection.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues.

We looked at documentation relating to three accidents reported within the previous 12 months. Our review of these and our discussions held with staff supported that they had been investigated and action taken to prevent recurrence.

The provider had 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 this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

We received positive comments from patients in CQC comment cards. Patients described their treatment as excellent, thorough and above and beyond.

The practice had systems to keep dental professionals up to date with most current evidence-based practice. We saw examples in clinical records that showed clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Whilst this was in line with the Delivering Better Oral Health toolkit, dentists were not specifically aware of the toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The practice was participating in the 'Dental Check by One' (DCby1) campaign. This was established by the British Society of Paediatric Dentistry (BSPD) in partnership with the Chief Dental Officer for England to ensure all children see a dentist as their teeth come through, or by their first birthday. We were provided with data that showed that 48 check-up appointments had been attended by children under the age of one between January 2019 and January 2020. There were posters displayed in the practice to advise patients and their families about oral health issues such as children's consumption of sugary drinks. Information was also available on the practice's website.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores. A sample of patients' records we viewed did not show detailed charts of the

patient's gum condition were recorded when appropriate. Not all the dentists were aware of new classification from the British Society of Periodontology regarding gum disease. We discussed this with the practice manager and they informed us this would be reviewed. Following our visit, we were sent evidence of training completed amongst the clinical team. We were also informed that a periodontal classification chart was now laminated and on display in each surgery and periodontology booklets had also been made available. We were sent photographic evidence to show this.

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 were aware of the need to obtain proof Power of Attorney for patients who lacked capacity. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

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. Dental nurses/receptionists were not clear about who should give consent if a child was looked after or a grandparent attended with a child.

The consent policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists mostly assessed patients' treatment needs in line with recognised guidance although we had noted exception in relation to the dentists' awareness of new classification from the British Society of Periodontology regarding gum disease.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff told us about audits that had been completed. Audit documentation was not available for our review on the day. We were told this was held in the head office, copies of these were sent immediately following the inspection. These included action plans when inconsistencies in record keeping had been identified.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. There was a formalised staffing structure with direct lines of support in place for each staff group.

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

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful, polite and patient.

We saw 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.

A selection of magazines were available for patients to read in the two separate waiting areas.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. Clinipads were used for obtaining patients information including their medical history. We were told that any questions patients had regarding their medical history were only discussed in the treatment 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. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. There were multi-lingual staff that might also be able to support them. There were a high number of Polish patients receiving dental care treatment at the practice and languages spoken by staff included this language. On the day of inspection, we heard one of the receptionists speak with a patient in Polish when they telephoned the practice.
- Staff told us they communicated with patients in a way they could understand. Reception staff told us they would contact their head office if information was required in a different form such as easy read or large print.
- An alert could be placed on a patient's record if they had any requirements.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff discussed options for treatment with them and gave good advice. 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, written and pictorial information, study models and monitors in surgeries that were used to show X-ray images and demonstrate treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. One of the dentists provided an example of how they would help an anxious patient.

Patients who responded in CQC comment cards described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

10 cards were completed, giving a patient response rate of 20%

100% of views expressed by those patients were positive.

Common themes within the positive feedback were regarding the friendliness of staff and effectiveness of treatment received.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients could be allocated a longer appointment if required and those with mobility problems were seen in the ground floor treatment room.

The practice had made most reasonable adjustments for patients with disabilities where they were able to. This included step free access and a hearing loop at the reception desk. There was a patient toilet, this was located on the mezzanine. This was therefore not suitable for those who used wheelchairs. The reception desk was high which may present a barrier for those who used wheelchairs. Staff told us they would stand up and speak with a patient in a wheelchair when they attended. The practice did not have

reading glasses or a magnifying glass which may assist those with sight problems. Following our visit, we were informed that a magnifying glass was now available at the reception desk.

Staff had carried out a disability access audit.

Staff contacted patients prior to their appointment to remind them to attend. This was based on their preference of communication.

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 offered an appointment the same day. Patients were invited to sit and wait to be seen between 9am to 11am or 2pm to 4pm on days that it was open. On the day of our inspection, we noted there were four patients who were attending for an urgent appointment.

Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

Patients were directed to the appropriate out of hours service, NHS 111 when the practice was closed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed. Information was also displayed on the front door of the practice.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice manager 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 manager had dealt with their concerns.

The practice had not received any complaints within the previous 12 months.

Are services well-led?

Our findings

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

There was evidence of strong leadership and emphasis on continually striving to improve.

Leadership capacity and capability

We found leaders, supported by the team had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised inclusive leadership. The practice was accredited by an external body for its people management and this reflected their commitment to staff training and investment.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. This was evidenced by the practice's involvement in the national initiative 'Dental Check by One' (DCby1) campaign.

Culture

The practice had a culture of quality sustainable care. Staff stated they felt respected and supported.

Staff discussed their training needs at appraisals and one to one meetings. We saw examples of in-house work books completed by trainee dental nurses to gauge their knowledge in areas such as infection control. Our discussions with staff confirmed that they discussed learning needs and aims for future professional development.

We did not see evidence of completed appraisals in the staff folders on the day of our inspection as these were held at head office. Copies of these were provided to us immediately after the day.

We saw the provider had systems in place to deal with staff poor performance.

The provider was aware of the requirements of the Duty of Candour.

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

The provider paid for their employed staff GDC registration and indemnity.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management. The practice had a committed practice manager and staff told us that they were very approachable when any issues arose.

We found there was some scope for improvement. Not all required documentation was held in the practice premises as this was retained in the provider's head office. The collation of how some of the information was held in the practice required review to ensure that it was easily obtained when required. For example documentation regarding radiation protection. In addition, whilst clinical staff provided us with some examples of audit activity undertaken by the practice and the resulting outcomes, this paperwork was not readily accessible at the practice. We discussed this with the practice manager and they told us they would look to improve the current arrangements.

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

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 practice was part of a small corporate group. There were 19 practices in operation. The head office function provided human resources, finance, clinical support and patient support services. This team supported and offered advice and updates to the practice when required.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

Quality and operational information, for example NHS BSA performance information, surveys, audits, external body reviews was used to ensure and improve performance.

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

The provider used surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Because of feedback, magazines were obtained for the waiting rooms whilst patients waited to be seen.

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff from across the organisation provided their views for their choice of colour of uniform.

Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing quality care. We noted that dentists attended regular peer review and training events organised by the registered manager. There was an annual event open to GDC registrants in the organisation where external speakers presented on topical issues.

The practice was also a member of a good practice certification scheme.

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. Senior management kept records of the results of audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.