Cranley Clinic Limited

Cranley Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Insufficient evidence to rate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff, with appropriate training in key skills, to care for patients and keep them safe. Staff had understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to take account of patient's individual needs and made it easy for people to give feedback.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

However:

- The emergency response kits were not standardised, and not all staff were aware of its content.
- The service did not carry out radiography audits six-monthly in line with current guidance.
- There was no central log of external referrals made to ensure traceability, follow-up, and the best patient outcomes were achieved.
- The service did not have an overarching action log, for accountability purposes, to keep track of all actions recommended by internal audits and other quality monitoring tools.
- Although the service developed many new procedures and policies not all of them were fully comprehensive.
- The service continued to develop its leadership and clinical leadership structures. It was still too early to judge if the changes implemented were sustainable and fully embedded.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	The rating of the service has improved since our last inspection. We rated this service as good because it was safe, caring and responsive, although leadership requires improvement. We do not currently rate effective domain for outpatients. Our rating of this location improved. We rated it as good because: • The service had enough staff, with appropriate training in key skills, to care for patients and keep them safe. Staff had understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. • Staff provided good care and treatment and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients and supported them to make decisions about their care. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. • The service planned care to take account of patient's individual needs and made it easy for people to give feedback. • Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. **However:** • The emergency response kits were not standardised, and not all staff were aware of its content. • The service did not carry out radiography audits six-monthly in line with current guidance. • There was no central log of external referrals made to ensure traceability, follow-up, and the best patient outcomes were achieved.

Summary of findings

- The service did not have an overarching action log, for accountability purposes, to keep track of all actions recommended by internal audits and other quality monitoring tools.
- Although the service developed many new procedures and policies not all of them were fully comprehensive.
- The service continued to develop its leadership and clinical leadership structures. It was still too early to judge if the changes implemented were sustainable and fully embedded.

Summary of findings

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Summary of this inspection

Background to Cranley Clinic

We inspected this service on 22 November 2022, as the service was placed in special measures in March 2022, to assess if sufficient improvements have been made in response to previously identified concerns.

We previously inspected this service, using our comprehensive inspection methodology, in March 2022. During the inspection, we identified numerous concerns. As a result, on 31 March 2022, we served an Urgent Notice to Suspend the provider's registration to deliver regulated activities. The notice was issued for an initial period of three months to allow the provider to make improvements. Following the inspection, we took immediate action to suspend all regulatory activity at the provider for three months. In addition, we placed the provider in Special Measures. Following this inspection the provider has made significant improvements and is no longer in Special Measures.

We re-inspected the service in June 2022, using our focused inspection methodology, to review the improvements made by the provider in specific areas of concern identified in the suspension notice only. We used our focused inspection methodology to review actions taken in response to previous areas of concern. At the time of the inspection, the service was not operational. This meant we were unable to assess the impact of the improvements made by the provider on patients and practical service delivery. However, we found that the service had made sufficient improvements for the suspension to be lifted.

Cranley Clinic is operated by Cranley Clinic Limited. The service registered with CQC at this location in January 2018.

The service focused on dermatology outpatients and dentistry. The service offered dermatology consultations and minor surgical procedures. At the time of the inspection, due to previous regulatory action being taken by CQC, the service did not operate at its potential full capacity, with 44 regulated care and treatment episodes being delivered in the five months before the inspection.

The bulk of the provider's work is unregulated aesthetics and skin care, such as dermabrasion and laser treatment. We do not inspect these services.

How we carried out this inspection

We carried out this announced inspection on 22 November 2022. The inspection team consisted of two CQC inspectors and a specialist advisor.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

Action the service SHOULD take to improve:

- The service should ensure the content of the emergency response grab bags is standardised and all staff are aware of it.
- The service should consider carrying out radiography audits six-monthly in line with current guidance.
- The service should develop a process for recording and handing over the requirement for following up on external referrals to ensure the best patient outcomes.
- The service should develop an overarching action log for accountability purposes to keep track of all actions recommended by internal audits and other quality monitoring tools.
- The service should continue to review its procedures and policies to ensure they are comprehensive and fully reflective of the service offered and existing practice.
- The service should continue to develop its leadership as well as formal clinical leadership structures.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Insufficient evidence to rate	Good	Good	Requires Improvement	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Requires Improvement	Good

Good

Outpatients

Safe	Good
Effective	Insufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Outpatients safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training.

The last time we inspected this service there was limited evidence staff received and kept up to date with mandatory training as records were inconsistent. The provider had improved and during this inspection was able to provide a training log and demonstrated staff received mandatory training, which comprised cardiopulmonary resuscitation, fire safety, health and safety, and infection prevention and control amongst others. All staff were up to date in the mandatory training areas. The registered manager monitored mandatory training completion and established the frequency of how often training was to be refreshed to ensure staff maintained their skill, they alerted staff when they needed to update their training.

The mandatory training was comprehensive and met the needs of patients and staff.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Since our inspection on March 2022, the provider had removed all services for children and young people and no longer provides care or treatment to this group. The provider had updated the statement of purpose to reflect this.

Staff received training specific to their role on how to recognise and report abuse. All dental staff had completed safeguarding training to level 3.

Staff knew how to identify adults and children at risk of suffering or significant harm.

Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

Good

Outpatients

The service kept a record of the patients, clinical staff, and visitors in the building to ensure patients were kept safe. This meant they could look back and see information that would support any potential safety related investigations when required.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE).

The dental surgery was clean, had suitable furnishings which were well-maintained, and there was an effective cleaning schedule to ensure the surgery was kept clean.

The provider had policies and procedures in place to ensure clinical waste was segregated, stored, and disposed of appropriately in line with infection prevention and control guidance. Staff disposed of sharps safely.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

The service had enough suitable equipment to help them safely care for patients.

The service ensured equipment for the sterilisation of used dental instruments was safe to use and maintained and serviced according to manufacturers' instructions. Staff carried out daily safety checks of specialist equipment. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment, and we saw the required radiation protection information was available. Staff working in the radiation designated area had access to up-to-date local rules. The service had a radiation risk assessment. The service contracted an external radiation protection adviser (RPA) who reviewed the procedure and protocols and advised the provider on the safe and compliant use of ionising radiation. There was clear signage displayed in line with the Ionising Radiation Regulations.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. The service made sure patients knew who to contact to discuss complications or concerns.

Staff completed suitable life support training, depending on their role. In case of a medical emergency, staff told us they would escalate to other members of staff and call emergency services. Staff had access to emergency medicines and equipment, such as a defibrillator or access to oxygen, should a patient experience breathing difficulties. Staff had access to two emergency response sets of equipment, which were in two separate clinic areas to ensure proximity. Those kits were not standardised and did not contain identical products which could confuse when rapid emergency response would be needed. For example, only one set contained anaphylactic shock response medicine. Staff were aware of emergency protocols and knew how to act should an evacuation be needed; however, they were not aware of the differences in the content of the emergency response kits.

Good

Outpatients

Staff reviewed individual risks for each patient before admission, using a standardised medical questionnaire, and reviewed this on the day when the procedure was undertaken. Staff checked if patients did not have any allergies, asked if patients were not pregnant and informed them of the potential risks of radiation exposure.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

Documented evidence of Disclosure Barring Service (DBS) checks were completed for all staff working at the service. Staff were required to reapply for a new DBS every three years.

The dental team was fully staffed. There were plans in place to expand the team with an additional dentist. The dentist was practicing under practicing privileges and they were supported by a dental assistant.

The manager could adjust staffing levels daily according to the needs of patients.

The service had a low vacancy and turnover rates. They had not used bank and agency nurses.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Clinical care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

The provider implemented an antimicrobial prescribing policy that included audits to check practices. The new system included prescribers working under practising privileges and had a tracing component to ensure staff followed up on patient infections with their GP.

There was a system to receive, monitor and disseminate alerts from the national patient safety alert system. This involved communication of alerts to staff through meetings and a new system to ensure clinical staff working under practising privileges were aware of alerts.

Good

Outpatients

During our previous inspection, medicines management policies and standard operating procedures did not reflect how staff handled medicines on site. At the time of this inspection, the provider had a medicines management policy that reflected the medicines stored on site and the temporary nature of the clinical workforce. Where there were concerns about the availability of medicine due to limited national supply problems, it was adequately risk assessed and mitigation actions were put in place.

Staff reviewed each patient's medicines and provided advice to patients about their medicines. They completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely.

There were systems to allow staff to learn from safety alerts and incidents to improve practice, although, no medicine errors took place or were recorded.

Incidents

The service managed patient safety incidents well. Staff recognised and had systems to report incidents and near misses.

Staff knew what incidents to report and how to report them.

Since our last inspection, there were no situations where staff needed to report incidents or near misses in line with the service's policy.

Managers shared with their staff information about events and any potential learning that could impact the service delivery.

Staff understood the duty of candour. They were open and transparent and were prepared to give patients full explanations if and when things went wrong.

Staff met to discuss the feedback and look at improvements to patient care.

Are Outpatients effective?

Insufficient evidence to rate

We do not currently rate effective for outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The practice had systems to keep dental professionals up to date with current evidence-based practice. The dental team received relevant updates from professional bodies to keep up to date with clinical development.

Good

Outpatients

We saw the provision of dental implants was following national guidance. The equipment used was appropriate and maintained appropriately.

The service employed a governance lead and was in a process of implementing policies' updates and rolling reviews for policies. The governance lead was responsible for ensuring policies complied with current guidance and were up to date. In addition, the service was in the process of developing a clinical governance system and had allocated a person with suitable clinical experience to lead the process and provide clinical leadership.

Nutrition and hydration

The service did not offer food as their involvement with patients was episodical.

Patients had access to snacks and hot and cold beverages.

The practice provided preventive care and supported patients to ensure better oral health.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain throughout the treatment and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff were committed to ensuring the treatment offered was effective. They worked to make improvements and achieved good outcomes for patients.

Managers and staff investigated cases when the patient's reported treatment did not achieve the expected results. They implemented local changes to improve care and monitored the improvement over time.

The dentist evaluated the patient's need for more complex treatment and referred them appropriately. They followed up when required to enquire about patients' outcomes and if their dental assessment was appropriate. However, there was no formal process for recording and handing over the requirement for following up on external referrals to ensure the best patient outcomes.

The dentist's clinical practice was revalidated in line with the requirement of the General Dental Council and the doctor gathered clinical audit information to support their continuous professional development.

The dentists justified, graded and reported on the radiographs they took. The clinic, however, was not carrying out radiography audits six-monthly in line with current guidance and legislation.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Good

Outpatients

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The dental staff were up to date with their continuous professional development requirements and had completed relevant training.

Managers supported staff in development through constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Multidisciplinary working

All staff worked together as a team to benefit patients. They supported each other to provide good care. Because of the episodic nature of the care and treatment provided there were limited opportunities for effective multidisciplinary work across healthcare disciplines and with other providers when required to care for patients.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

The service had an out-of-hours phone system if patients had an urgent query after their procedure. This involved the patient leaving a voicemail and a member of staff picking this up and then calling back.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. They gave appropriate information for oral health and had processes in place to signpost to services if required, for example, smoking cessation and dietary needs.

Consent, Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent to treatment. They understood how to support patients.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They made sure patients consented to treatment based on all the information available. They recorded consent in the patient's records.

Good

Outpatients

Are Outpatients caring?

Good

This is the first time we rate this domain. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff followed a policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when talking about patients' treatment decisions.

Emotional support

Staff provided emotional support to patients when required. They understood patients' personal, cultural and religious needs.

Staff gave patients help, emotional support and advice when they needed it. They helped patients to maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their well-being and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment.

Staff talked with patients in a way they could understand. Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make advanced decisions about their care. They also supported patients to make informed decisions about their care.

Patients gave positive feedback about the service.

Are Outpatients responsive?

Good

Outpatients

Good

Our rating of responsive improved. We rated it as good.

Meeting people's individual needs

The service took account of patients' individual needs and preferences.

Facilities and premises were appropriate for the services being delivered. As the clinic was in a listed building, it did not have step-free access from the street to the entrance and although it did have a lift, it was not wheelchair accessible. Patients were advised there were physical barriers that restricted access when they booked appointments.

The service entered an agreement with an interpretation service to translate for patients with language support needs.

The service developed new policies related to equality and diversity. They provided staff with relevant training to ensure staff understood how potential prejudice and discrimination could be manifested and how to prevent its occurrence.

Access and flow

People could access the service when they needed it and received the right care.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff on one occasion.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

Patients could access dental care and treatment within an acceptable timescale for their needs. The appointment system responded well to patients' needs. Arrangements were in place to see patients experiencing dental emergencies.

Staff supported patients with external referrals. However, there was no effective process for following up on the care provided and outcomes reviewing after a patient was referred to another provider.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients knew how to complain or raise concerns.

The service displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Good

Outpatients

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

Are Outpatients well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Since our last inspection in June 2022 leaders continued to develop the skills and abilities to run the service. They managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service continued to be managed by the registered manager supported by a new governance lead working two days a week for the service. It was still early to fully confirm changes were fully embedded and sustainable.

Leaders improved oversight of the regulated activity and developed a better understanding of, and adherence to, national standards and guidance.

Leaders improved systems for disseminating information to clinical staff by implementing regular meetings and consistent communication with all staff.

Leaders facilitated cooperative, supportive and appreciative relationships among staff who worked collaboratively together.

The service was in the process of developing formal clinical leadership structures.

Vision and Strategy

The service had a set of aims and objectives for what it wanted to achieve.

The service aimed to provide high-quality, safe, evidence-based dermatologic and dental services. They wanted to ensure that patients receive appropriate treatment, by highly skilled individuals, in an “ethical environment”, and that their choices are fully respected.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted provided development opportunities. The service had an open culture where patients and staff could raise concerns without fear.

Since our inspection in March 2022, the service introduced a system to support staff's professional development and appraisals. Staff we spoke to told us they enjoyed working for the provider, most of them worked at the clinic for several years.

Good

Outpatients

The provider focused on building patient focused safety culture by improving staff awareness of health and safety, accountability, improving access to training and developing staff competencies.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

During our previous inspection, we found gaps in governance processes. These led to safety risks and we found several regulatory breaches which we identified in March 2022. Since then the provider continued improvement to address previously identified problems and embed new systems. The provider made changes to services and stopped provision for children and young people and surgical procedures.

The registered manager oversaw the service's governance processes supported by the governance lead. There were new processes for ensuring safe care and high standards were upheld and the provider was working towards ensuring all staff were aware of and supported the governance processes.

The provider made improvements in the management of policies and procedures, which were stored electronically with an up to date tracking system.

The service was in the process of developing a clinical governance system and had allocated a person with suitable clinical experience to lead the process and provide clinical leadership.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact most of the time. They had plans to cope with unexpected events.

Staff contributed to decision-making to help avoid pressures compromising the quality of care. Team meetings provided an opportunity for staff to discuss and learn from incidents, complaints, and feedback. Staff kept notes from those meetings and documented actions. The provider undertook local audits that resulted in improvement actions being identified. These were discussed during team meetings, so all staff were aware of what actions were required and why. However, there was no overarching action log for accountability purpose that would note who was required to act, by when, and what actions had been completed and if an improvement had been observed since.

There was no formal process for recording and handing over the requirement for following up on external referrals. The service relied on individual clinicians to follow them up but had no plan for ensuring someone else would check on referrals should the referring person be away from the service. The content of the emergency response grab bags was not standardised to ensure all staff were aware of what they contained and had all emergency equipment and medicines available to them to address a potential emergency. This meant the provider needed to continue the process of embedding its quality audits to ensure they had systems that could identify all potential risks, improvement opportunities, and shortcomings.

Although the majority of policies were recently reviewed, some of them still required further revision to ensure they fully reflected the service offered and were relevant. For example, the policy that addressed medical emergency response did not specify what life support training was required or offered to staff and who was required to receive which level. It did not reference emergency equipment available or which emergency response medicines were stocked and why.

Good

Outpatients

There were risk assessments that addressed overall safety matters, for example, fire or water safety, COVID-19, substances hazardous to health (COSHH), or limited availability of one of the medicines.

The provider had a system for managing critical safety alerts.

Information Management

The service collected reliable data and analysed it. Staff were aware that notifications needed to be submitted to external organisations as required.

Staff could find the data they needed, in easily accessible formats, to make decisions. The service used electronic patient records systems in which all record entries could be traced to a person updating the record. Staff were provided with individual login credentials and role appropriate access to ensure information was secure and accessible only to people who should have access to it.

The service was registered with the Information Commissioner Office (ICO), and they were aware of their reporting requirements concerning data mishandling incidents; they told us during 2021 there were no incidents that would need to be reported to ICO.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The provider gathered feedback from the dental staff through meetings and informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service and that these were listened to and acted upon.

The registered manager had introduced a rolling programme of team meetings to ensure staff were up to date with changes in the service.

The provider encouraged patients to provide feedback and used it to improve services. Patients could provide feedback by using newly developed feedback forms.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The provider had quality assurance processes to encourage learning and continuous improvement concerning dental treatment. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, although, they did not take place six-monthly as required by the guidance (Public Health England and Faculty of General Dental Practice (UK)).