

Codsall Dental Practice (Wolves) Ltd

Codsall Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 22 October 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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

Codsall Dental Practice is in Codsall, Wolverhampton and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the car park across the road from the practice. There is a dedicated parking bay directly outside the practice for people with disabilities.

Summary of findings

The dental team includes two dentists, one dental nurse, one dental hygienists, one receptionist, one practice manager who is also a qualified dental nurse, the area business manager and the company director. The practice has two treatment rooms.

The practice is owned by a company 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 Codsall Dental Practice is the company director.

On the day of inspection, we collected 11 CQC comment cards filled in by patients and spoke with three patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist, the area business manager and the company director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

Our key findings were:

- Strong and effective leadership was provided by the area business manager, company director and senior dentist. Staff told us they felt valued by all team members and enjoyed working at the practice.
- 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 and had completed basic life support training several times throughout the year. Appropriate medicines and life-saving equipment were available.

- The provider had systems to help them manage risk to patients and staff. A health and safety audit had been completed October 2019 to identify any risks and drive improvement.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health. They routinely referred patients to their dental hygienist through a clear care pathway.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all products.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

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 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Flowcharts containing relevant local authority safeguarding contact details were on display throughout the practice and kept in the treatment room handbooks so that clinicians had easy access to safeguarding information. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery, domestic violence or female genital mutilation. Contact details of support groups were kept in the patient information folder, treatment room handbooks and inside the patient toilet on the door.

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

There was a dedicated decontamination suite which served both dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas through the use of two rooms with a hatch between to pass instruments

through. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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 which had been completed in October 2019. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. 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 infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in June 2019 showed the practice was meeting the required standards.

The provider had a whistle blowing 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. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

Are services safe?

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.

A fire risk assessment was carried out in line with the legal requirements in October 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire drills were completed twice a year, the latest drill had been completed in September 2019. Staff were aware of their responsibilities and evacuated the practice in line with their fire procedure.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were

displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We reviewed staff training files and observed staff had completed basic life support training three times within the past 12 months to ensure all staff felt confident to deal with a medical emergency.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team. The practice was part of a group of seven local practices and staff were moved between the practices to provide chairside and reception support as required.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials. We found that risk assessments had not been completed for all these products. We were advised these were previously held electronically and the provider had moved to a different system with new templates that were in the process of being completed.

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.

Are services safe?

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.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in October 2019 indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had embedded systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. We reviewed incidents that had been recorded in 2015 and found these had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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

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

There was a dentist with a special interest in endodontics who provided root canal therapy treatment for patients within the practice and accepted referrals locally.

Staff had access to digital X-rays to enhance the delivery of care. Impression free digital scanners were being purchased for the clinicians to provide crown and bridge work without taking traditional impressions. These had been trialled at a different practice within the group and found to be popular with patients.

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and 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 and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Periodontal information sheets and consent forms were used to explain treatment options and the risks of not receiving

periodontal treatment. Where patients did not wish to receive treatment, the risks were discussed at length and consent forms were signed to confirm their decision of refusal of treatment.

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after by the local authority. 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves 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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. At the time of our inspection the practice had recently recruited two new members of staff.

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.

Staff monitored some referrals through an electronic referral and tracking system to ensure they were responded to promptly. A manual referral log book was also used to record and monitor all other referrals that were not on the electronic system.

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 polite, lovely and very caring. We saw staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone. We observed staff interactions with patients and found that they knew their patients well and as such were able to facilitate their individual needs.

Patients we spoke with confirmed this and told us staff were caring and professional and their needs were always met. Patients told us that they would highly recommend this practice.

Patients said staff were compassionate and understanding. One patient commented, 'I have found Codsall dental practice excellent. They respond immediately to any teeth problems and are extremely thoughtful to the older generation. I would recommend them'. Another patient commented, 'I have been with this practice forever. I wouldn't want another dentist or surgery. Treatment is the very best. Excellent'.

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

Folders contained comprehensive information for patients to read including: details of local community teams and well-being services, treatment fees, accessibility information and staff biographies. In addition to this a folder containing monthly newsletters was placed in the waiting room. Monthly patient survey results were framed and displayed in the waiting room. A poster detailing improvements made following patient feedback was also available for patients to read in the waiting room.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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

provided limited privacy when reception staff were dealing with patients as they were in the same room. If a patient asked for more privacy, the practice would respond appropriately. 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 requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- A poster was displayed in the patient information folder detailing support lines for patients with autism.
- Details of language line and support services that could be provided such as British sign language and braille were displayed in the patient information folder.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. Details of local support networks and community services were placed in the patient information folder and detailed in monthly newsletters.

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

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

Are services caring?

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

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. Staff had completed awareness training to better understand and support patients living with dementia. We were told staff were very caring towards elderly patients including those with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice. One patient commented, 'The patient experience is always friendly and reassuring with excellent advice for future health improvements. Caring and helpful staff giving a pleasurable visit every time'.

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.

11 cards were completed, giving a patient response rate of 22%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were helpfulness of staff, flexibility of appointment times and excellent clinical care.

We were able to talk to three patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dentist shared many examples of where they adjusted treatments such as ensuring one patient was seen in the same treatment room by both the dentist and

dental hygienist for consecutive appointments, booking appointments at specific times to suit patients' commitments and booking longer appointments for patients with complex medical needs.

The practice had made reasonable adjustments for patients with disabilities. There was level access to the building, a lowered part of the reception desk for wheelchair users, two ground floor treatment rooms and an accessible toilet with grab rails and an assistance bell. In addition to this, a chair in the waiting room had been fitted with leg extenders. Large print documents, reading glasses, a magnifying glass and a portable hearing induction loop were available at reception.

Staff had carried out a disability access audit in June 2019 and had formulated an action plan to continually improve access for patients. Staff were in the process of purchasing braille signage for the building.

All patients were reminded of appointments two days before either by text message or email dependant on the patient's preference. Staff telephoned all other patients the day before their appointment.

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

The staff took part in an emergency on-call arrangement with some other local practices and patients were directed to the appropriate out of hours service.

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

The company director 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 company director had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 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

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

The practice was part of a group of seven practices which were owned by different providers but who supported one another and worked together closely to share best practice.

We found leaders 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. They understood the challenges and were addressing them.

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

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

There was good communication within the practice and daily 'huddle' meetings were minuted to ensure all staff were kept up to date with any changes and updates. Monthly meetings were held for the practice team and the practice manager attended monthly management meetings.

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.

Culture

The practice had a culture of high-quality sustainable care. There was a clear vision and set of values which were

displayed in the staff room, waiting room and on the practice website. The values consisted of putting patients first, being open and honest, taking responsibility and ownership and asking for help when needed. The practice's mission was to deliver clinical care and customer service to the highest possible standard and to treat their patients and fellow team members with respect and dignity.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. An action plan for improvements to the practice scheduled for 2020 included braille signage, installing air conditioning units and 3D intra-oral scanners in both treatment room.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, a complaint we reviewed demonstrated that the provider had acknowledged when clinical care delivered by a dentist no longer at the practice had not met a patient's expectations and detailed subsequent actions taken as a result. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The clinical director and senior dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager and area business manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Are services well-led?

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.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information such as surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The provider used patient surveys, suggestion cards, online feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, leg raisers and a portable hearing induction loop had been purchased as a result of patient feedback.

Online feedback received from patients was overwhelmingly positive. Results from 121 respondents showed 91% were extremely likely and 9% were likely to recommend this practice to family and friends.

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

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, consent, prescribing, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The company director showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The company director was an approved dental nurse trainer and examiner. They used a variety of ways to ensure staff development including internal training, online training and team training days.

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