

Xeon Smiles UK Limited

Bupa - Skaters Way, Peterborough

Inspection Report

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Overall summary

We carried out this announced inspection on 21 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

Bupa – Skaters Way is in Werrington, a residential area in the city of Peterborough. It provides NHS dental care for children and exempt adults, and private treatment for adults.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs with use of a portable ramp. There are some limited car parking spaces in the practice's car park. There is also free public car parking within short distance of the premises.

The dental team includes six dentists, nine dental nurses (including three trainee dental nurses) one dental hygienist, six receptionists and a practice manager. The practice has seven treatment rooms, all on ground floor level. Services include general dentistry, implants and sedation.

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 Bupa – Skaters Way is the practice manager.

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, four dental nurses, two receptionists, the practice manager and the oversight and monitoring lead from Bupa. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday 8am to 5pm, Tuesday, 8am to 6pm, Wednesday 8am to 5pm, Thursday 8am to 6pm and Friday 8am to 1pm.

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 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.
- The provider had staff recruitment procedures which mostly reflected current legislation. We noted that references had not been obtained for two staff members, although these had been sought. These were obtained after the day of our visit.
- The clinical staff provided patients' care and treatment in line with current guidelines. We found that some of the dentists were not aware of current guidance in relation to antibiotic prescribing.
- 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.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.






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

- Ensure that staff are prescribing antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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 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. The lead for safeguarding was the practice manager.

We saw evidence that staff had received safeguarding training. We noted that three of the dentists did not have the level of training recorded on their most recent training certificates. The practice manager informed us this information would be sought or the staff would update their training to ensure it reflected the expected level for clinical staff. Following our visit, we were provided with the updated certificates for each staff member.

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

The 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. Dental unit water line management were maintained.

The practice utilised a contractor to maintain the cleanliness in the general areas of the premises. 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 in January 2020 showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff we spoke with 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.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. We looked at compliance with legislative requirements. We viewed four staff recruitment records. These showed the provider mostly followed their recruitment procedure. We noted an exception in relation to references that were not held for two staff members. Whilst these had been requested, they had not been received from a previous employer. Following our visit, the practice manager was able to obtain these for the staff members.

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. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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 had nominated one radiation protection supervisor (RPS) who was not always on site. We discussed this with the practice manager and they told us that they would also nominate another member of staff to this role.

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. We noted that not all of the dentists had updated their training to include IRR17. The practice manager told us they would review this.

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. We noted that where staff immunity levels were not yet

known, a disclaimer had been signed by those staff enabling them to work whilst the information was sought. We were not assured that a risk assessment had been completed and discussed with those staff affected. Following our visit, we were sent information to show that assessments were now completed and acknowledged by the staff members affected.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed, although not in the treatment rooms. Training completed helped ensure staff made triage 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. Immediate life support training with airway management for staff providing treatment under sedation was also completed.

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 when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support. We were not assured that the assessment had been discussed with the hygienist. The practice manager told us they would do so immediately. Following our visit, we were provided with a copy of the signed assessment by the staff member.

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

The practice occasionally used agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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

Are services safe?

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 records of NHS prescriptions as described in current guidance. We found that monitoring arrangements required oversight; this would help identify if an individual prescription was taken inappropriately. Following our visit, we were sent a template to be used for monitoring purposes.

We noted that two of the dentists were not aware of current guidance with regards to prescribing antibiotics. The

practice manager told us they would ensure that updated guidance would be subject to discussion amongst the clinical team. Antimicrobial prescribing audits were carried out; we noted these were completed by each individual clinician reviewing their own prescribing. This impacted upon identifying if prescribing was in accordance with the guidance.

Track record on safety, and lessons learned and improvements

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

Where there had been a safety incident we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. We found there was scope to identify some other learning outcomes from a trend of incidents reported. The practice manager told us that Bupa were in the process of implementing a web-based incident reporting and risk management software system which would help in identifying trends in the near future.

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 very positive comments from patients about treatment received. Patients described the treatment they received as 'efficient', professional' and 'to a high standard'. Many comment cards referred to individual staff who met patient's needs well.

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.

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

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

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

The operator-sedationist was supported by a trained second individual.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, stop smoking services. They directed patients to these schemes when appropriate.

The dentists described to us the procedures the clinicians 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. Patients were referred to the hygienist when this was required for example for six-point pocket charting and root surface debridement.

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

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 Power of Attorney for patients who lacked capacity. The dentists gave patients information about treatment options and the

Are services effective?

(for example, treatment is effective)

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 clinical team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. We noted that Mental Capacity Act assessment forms were not held. The oversight and monitoring lead from Bupa informed us that there were plans for these to be compiled and disseminated within their dental practices.

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. We found that staff would benefit from continued discussion of Gillick competence to ensure they were all aware of the application of the principle.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. One patient told us 'my appointments are always very thorough and lots of questions asked'.

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.

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, where required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice manager received ongoing training and support from the provider and attended monthly manager meetings where information was shared across dental practices. The lead nurse had been supported by the provider to complete a leadership and management course in dental decontamination. We saw detailed records of training/audit completed in-house for trainee dental nurses. This included audits on their note taking, preparation of surgery, decontamination procedures and hand hygiene. Staff were assigned with lead areas of responsibility.

Staff new to the practice including agency staff 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 'attentive', 'positive' and 'welcoming'.

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone. We noted that some comments made by patients made specific reference to the happy and helpful approach of reception staff.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that their dentist had seen them after hours when they had experienced dental pain. We noted an incident had been recorded where a member of staff had given a lift home to a patient who had become unwell whilst on the premises.

An information folder was available for patients to read. There were also magazines and a television in the patients waiting area. There was also seating area away from the waiting room that could be used if a patient felt anxious.

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).

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area was large and therefore provided some privacy when

reception staff were dealing with patients. 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 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.
- Staff told us they communicated with patients in a way they could understand. Staff told us they could obtain information in different forms such as 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 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 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, verbal and pictorial information, study models and X-ray images. These were shown to the patient/relative to help them better understand the diagnosis and 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. Those patients who were very nervous had access to treatment under sedation.

Patients described high levels of satisfaction with the responsive service provided by the practice. A patient praised their named dentist for their responsive and professional approach shown when a referral was required.

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.

34 cards were completed, giving a patient response rate of 68%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and professionalism of staff, cleanliness of the premises, effective treatment and the flexibility of staff with appointment times.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointment times could be allocated if needed.

The practice had made most reasonable adjustments for patients with disabilities. This included step free access with use of a portable ramp, reading glasses at the reception desk and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop installed.

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 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.

One patient told us that staff had 'gone out of their way' to accommodate appointment changes they themselves had to make.

The staff took part in an emergency on-call arrangement with some other local practices and NHS patients were directed to the appropriate out of hours service through NHS 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the practice manager 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. There was information made available for patients that explained how to make a complaint and staff knew how to direct patients.

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 so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to

Are services responsive to people's needs?

(for example, to feedback?)

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.

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

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

Are services well-led?

Our findings

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 significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

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.

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.

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.

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

Staff employed by the practice discussed their training needs at six monthly appraisals. Clinical supervision was provided for self-employed clinical staff through Bupa, if issues arose. Staff 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. Additional services provided included dental implants and sedation for those patients who would benefit.

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. 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 practice manager was the registered manager and had overall responsibility for the management and clinical leadership of the practice. The practice manager was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required. On the day of our visit, the practice manager was supported by the oversight and monitoring lead from Bupa.

We saw there were clear and effective processes for managing risks, issues and performance. However, we noted that some risk assessments, such as lone worker, required review with the staff member affected.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, NHS BSA performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, new chairs were purchased for the waiting area following a patient suggestion. Staff feedback resulted in the provider paying for and supplying standard colour branded shoes for staff.

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. One of the staff members was nominated as the 'Pulse Champion'. They obtained feedback and collated questions from staff and passed this on during their attendance at regional meetings.

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 and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial, and infection prevention and control. We noted some areas where audit processes could be strengthened.

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.