

Urgent Dental Care Limited

One Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 4 March 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

One Dental is in Rochdale and provides NHS and 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, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes four dentists (one of which is a foundation dentist), six dental nurses (three of which are trainees), two foundation dental hygiene therapists, a practice manager and an assistant manager. The practice has five treatment rooms. The practice hosts an orthodontic service which is registered separately.

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

Summary of findings

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 One Dental is the practice manager.

On the day of inspection, we collected nine CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

During the inspection we spoke with three dentists including the foundation dentist, four dental nurses, the practice manager and the assistant manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 5.30pm

Tuesday to Friday 8.30am to 5pm

Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. On the day of inspection not all medicines and life-saving equipment were available as described in nationally recognised guidance. Immediate action was taken to obtain missing items.
- The provider had systems to help them manage risk to patients and staff.
- The provider had comprehensive 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.
- 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.

We identified an area of notable practice.

- The team recognised safeguarding as a priority area due to the location of the practice and frequency of safeguarding issues locally. To facilitate this, the practice ensured all staff received face to face training to a higher level than necessary to enable them to quickly recognise any concerns, including criminal exploitation. Staff worked with the community safeguarding team, police community support officers and support workers to share concerns appropriately and ensured arrangements were in place to ensure patients in difficult family situations could access the practice for advice and care.

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

- Implement an effective system for recording, investigating and reviewing sharps incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'

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.

The team recognised safeguarding as a priority area due to the frequency of safeguarding issues locally. 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. They liaised with school nurses, health visitors and support workers for asylum seekers as necessary. The provider arranged face to face level three training for all staff from the local safeguarding leads to facilitate a good working relationship. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw where action was taken to refer patients as necessary through the local safeguarding process. The practice enabled parents and guardians in vulnerable situations to create passwords to make, discuss and change appointments over the telephone.

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

The provider had a system to identify adults that were in other vulnerable situations. For example, those who were known to have experienced modern-day slavery, female genital mutilation or those who were involved in criminal exploitation such as county lines. County lines is where gangs and organised crime networks groom and exploit children to sell drugs. Systems were also in place to support and safeguard members of staff where personal issues were identified.

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.

A washer disinfectant was used to decontaminate instruments prior to them being sterilised. We noted that staff did not have a procedure or brushes and detergents to enable them to carry out manual cleaning of instruments should the washer disinfectant be unavailable. Staff confirmed this would be addressed.

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. The majority of recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Two recommendations to service thermostatic mixer valves and check the hot water calorifier annually for sediment had not been acted on. The practice manager confirmed these would be addressed.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted a suction motor was not equipped with amalgam separation facilities. This unit had been fit temporarily to service the orthodontic suite from the provider on the first floor. This facility was occasionally used by dentists. The provider contacted their servicing contractor to address this. Waste dental amalgam is classified as hazardous waste, and as

Are services safe?

such, discharge to sewer is regulated. To comply with the regulations dental practices must have amalgam separators to ensure the amalgam collected is disposed of in accordance with the regulations.

The infection control lead carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05.

The provider had a Speak-Up 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. These reflected the relevant legislation. We looked at the staff recruitment records. These showed the provider followed their recruitment procedure.

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. The radiation protection information should be completed to include employers' procedures, training logs and a list of operators. Appropriate local rules were displayed for operators to follow.

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. The process to assess the risk from sharp devices could be improved. For example, by ensuring all sharp instruments were assessed and all sharps injuries documented, risk assessed and followed up appropriately. After the inspection a new sharps risk assessment was completed which showed the risk from all sharp items had been assessed.

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. One member of staff was identified as a low responder. An individual risk assessment was in place for them to prevent accidental exposure.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This 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.

Emergency equipment and medicines were largely available as described in recognised guidance. Some clear face masks and airways were missing. We drew this to the attention of the provider who took immediate action to order these on the day of inspection. We found staff kept records of their checks of these to make sure they were within their expiry date, and in working order.

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

Are services safe?

The provider had obtained safety data sheets for hazardous substances. Risk assessments had not been completed to minimise the risk that can be caused from substances that are hazardous to health and ensure that these were stored, used and disposed of appropriately. The practice manager confirmed this would be addressed and sent evidence of the improved risk assessment processes implemented since the inspection.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

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

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance. We noted the log of prescriptions would not identify any fraudulent activity or if any were missing. The practice manager confirmed this would be addressed.

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

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. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements. For example, staff liaised with local police community support officers to monitor ongoing issues related to local crime and drug use. They had safe systems to identify and remove used drug syringes and needles from outside the premises.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. Dental sharps incidents were not always documented or acted on in a consistent way.

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. The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. A risk assessment was in place to enable staff to act on any suspected cases and information was provided to staff and displayed for patients.

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.

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 dentists and 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 and directed patients to stop smoking schemes when appropriate.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives. For example, the Greater Manchester Healthy Living Dentistry (HLD) project. This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish. Staff were undergoing training to deliver the programme effectively. Eye-catching displays were created in the waiting room to educate patients on the sugar content of food and drinks.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This

involved coordinating care with the foundation dental therapists, 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.

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 are looked after. 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. Staff had completed dementia awareness training and implemented the Greater Manchester Dementia-friendly dentistry toolkit which provides guidance to dental practices on the assessment of mental capacity, accurate prevention advice and help with appropriate treatment choices. 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.

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. The practice was a foundation training practice. New graduates work in approved practices and are employed as foundation

dentists and foundation dental hygiene therapists by general dental practitioners who are selected and appointed as educational supervisors. The practice was also involved in training programmes for prospective dental nurses. Evidence of the support and supervision provided to foundation staff and trainees was apparent on the inspection day.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful and made them feel welcome and comfortable. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate, understanding and kind when they were in pain, distress or discomfort.

Practice information including information about costs and exemptions were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy was in place but a privacy impact assessment had not been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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. Staff were not familiar with the Accessible Information Standard. This is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available and used on a daily basis for patients who did not speak or understand English. We saw notices in the reception areas, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them and the practice could arrange for information to be provided in other languages.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, study models and X-ray images taken of the tooth being examined or treated and shown to the patient or 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. For example, they liaised with support workers to enable asylum seekers to receive care.

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. The staff had booked Pride in Practice training from the Manchester Pride organisation. This was scheduled to take place the day after the inspection to enable staff to better meet the needs of LGBTQ+ patients by understanding how to provide appropriate services to LGBTQ+ people, and confidence building with staff around terminology and appropriate language.

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

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

Nine cards were completed, giving a patient response rate of 18%. We reviewed these with positive feedback received by the practice. It was felt the lack of system to enable non-English users to provide contributed to the low number of responses.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, easy access to dental appointments and the information provided to help patients make choices about treatment.

We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice was accessible to patients with disabilities including wheelchair users. This included step free access, an accessible toilet with hand rails and disabled parking.

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 could choose to receive text message and email reminders for appointments. Those who requested urgent advice or care 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 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.

Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with these. Staff told us they would tell them 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 discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

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

Are services responsive to people's needs?

(for example, to feedback?)

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.

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. They were open to discussion and feedback during the inspection, 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.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. We found a thorough understanding of the challenges to meet the needs of the local population and the need to ensure staff understood local issues relating to health inequalities, deprivation and safeguarding. They participated in local oral health improvement projects and engaged with local organisations and health care workers to facilitate a joined-up approach.

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 discussed their training needs informally and at annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

Openness, honesty and transparency were demonstrated when responding to 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 principal dentist had overall responsibility for the clinical leadership of the practice. The registered manager was responsible for the day to day running of the service with support from the assistant manager. 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.

We saw there were processes for managing risks, issues and performance. We highlighted areas where risks could be managed more effectively in relation to dental sharps and hazardous substances. These were acted on immediately.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance information, surveys and audit was 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

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service.

Are services well-led?

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff 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, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

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