

# The Fleet Property Management Company Limited Surrey and Hampshire Periodontal Practice - Heathdental Suite

## Inspection Report

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## Overall summary

We carried out this announced inspection on 20 November 2018 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 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 that this practice was providing safe care in accordance with the relevant regulations.

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Heath Dental Suite is in Fleet and provides NHS and private treatment to patients of all ages. Heath Dental Suite shares premises with Fleet Medical Centre.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available at the front of the practice.

The dental team includes four dentists, six dental nurses, three dental hygienists, one dental hygienist therapist three receptionist a practice manager. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 the Heath Dental Suite is the principal dentist.

On the day of our inspection we collected 98 CQC comment cards filled in by patients and spoke with 19 other patients.

During the inspection we spoke with two dentists, two dental nurses, two dental hygienists, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 8.30am to 5pm Monday, Tuesday and Thursday, 7.30am to 5pm on Wednesday, 7.30am to 2pm on Friday and 9am to 12pm one Saturday a month.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance but were not followed.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were generally available but some equipment was missing.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- 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.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice had systems to deal with complaints positively and efficiently.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice did not have effective governance.
- The appointment system met patients' needs.
- Staff training was not monitored effectively.

## We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specifically, audits, risk assessments, health and safety management and radiography.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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 and the products are stored securely.
- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

# Summary of findings

- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

# 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 that this practice was providing safe care in accordance with the relevant regulations.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice completed essential recruitment checks.

Premises appeared clean and properly maintained.

The practice had systems and processes to provide safe care and treatment but improvements were required to the management of fire safety, legionella, radiography, sharps and emergency medicines and equipment.

The practice did not follow national guidance for cleaning, sterilising and storing dental instruments. We have since received evidence which confirms this shortfall has been addressed.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class, efficient and good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements were needed to the recording and tracking of referrals.

The practice supported staff to complete training relevant to their roles but systems to help them monitor this required improvement. We have since received evidence which confirms both shortfalls have been addressed.

No action



### Are services caring?

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

We received feedback about the practice from 117 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and helpful.

They said that they were seen promptly, given different treatment options and said their dentist listened to them. Patients commented that they made them feel at ease and treated them with dignity and respect.

No action



# Summary of findings

We saw that staff protected patients' privacy in treatment rooms and were aware of the importance of confidentiality. We noted due to the layout of the practice it was not possible to speak to patients in private when at the reception desk. Since our inspection the practice has made arrangements with the neighbouring GP practice to use one of their rooms when required.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight loss but did not have arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action**



## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

It was evident that improvements were required to a number of areas of the business. These have been addressed since our inspection.

**No action**



# Are services safe?

## Our findings

### **Safety systems and processes including staff recruitment, Equipment & premises and Radiography (X-rays)**

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all but two staff had received safeguarding training. We noted the level of safeguarding training was not indicated on certificates for six staff. We have since received evidence which confirms this shortfall has been addressed.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

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

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

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

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice generally ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Improvements were needed. The most recent five-year electrical fixed wiring test outcome was unsatisfactory. Evidence to confirm this had been rectified was not available. We have since received evidence which confirms this shortfall is being addressed.

A dentist's chair in a surgery was ripped. We have since been advised this shortfall is being addressed on 12 December 2018.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A recent fire risk assessment highlighted actions required. We noted that these had not been carried out. For example, a table was inappropriately situated at the top of a flight of stairs. We have since received photographic evidence which confirms this shortfall has been addressed. Records confirm that 13 of the 18 staff at the practice received fire safety training in the past 12 months. We have since received evidence which confirms this shortfall has been addressed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We noted one dentist did not routinely justify, grade and report on the radiographs they took. The practice carried out radiography audits. We could not identify how many records had been audited or the dentist they referred to as we were only provided with a very brief high-level summary with no action plan. We have since received evidence which confirms this shortfall has been addressed.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

# Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken and was updated annually. We noted the most recent sharps risk assessment stated dentists only used a Jenker (a syringe needle guard) to remove needles. A dentist spoken with advised us they did not use this system. We have since received photographic evidence which confirms this shortfall has been addressed.

Five of the six sharps boxes in use were not labelled or dated. Needle stick injury information was not available in the surgery and decontamination room. We have since received evidence to confirm both of these shortfalls have been addressed.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Emergency equipment and medicines were generally available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Improvements were needed to this system. A number of pieces of equipment were missing from the emergency equipment bag. These included, self-inflating bags, masks and airways. We have since received evidence which confirms this shortfall has been addressed.

Glucagon was stored in a fridge used to house staff lunch. We have been provided evidence to confirm this shortfall has been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We noted hygienists were not supported by a nurse.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted products that come under COSHH regulations were not stored securely in the decontamination room. We have since received evidence which confirms this shortfall has been addressed.

The practice had an infection prevention and control policy and procedures. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in

primary care dental practices (HTM01-05) published by the Department of Health. Improvements were needed. Namely, the use of a short-handled brushes. The magnifying glass was not positioned in the work flow of instruments being checked before sterilising. We have since received evidence which confirms these shortfalls have been addressed.

Undated pouched instruments were stored in a surgery that was used by different clinical staff. We have since received evidence which confirms this shortfall has been addressed.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice shared the building with a GP practice who managed procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff at the practice were not aware of the systems in place to assure themselves they were keeping their patients and staff safe. We have since received evidence which confirms this shortfall is being addressed. The practice is arranging their own legionella risk assessment.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit did not have a scoring facility and was not scored or an action plan formulated if required. We have since received evidence which confirms this shortfall has been addressed.

# Are services safe?

## **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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

## **Safe and appropriate use of medicines**

The practice did not have a stock control system of medicines which were held on site. We have since received evidence which confirms this shortfall has been addressed.

The practice did not follow current guidance when dispensing medicines or storing prescriptions. We have since received evidence which confirms this shortfall has been addressed.

Antimicrobial prescribing audits were not carried out which meant the dentist could not demonstrate they were following current guidelines. We have since received evidence which confirms this shortfall has been addressed.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

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

### **Dental implants**

The practice offered dental implants. These were placed by a visiting specialist. We could not verify the provision of dental implants was carried out in accordance with national guidance.

We were given assurance that this would be assessed and verified before the specialist resumed implant treatment. We have since received evidence which confirms this shortfall has been addressed.

### **Helping patients to live healthier lives**

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may 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 can consent for themselves. The 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.

We were told a nurse recorded treatment in patient's notes for one dentist but evidence these were checked by the dentist was not apparent. We have since received evidence which confirms this shortfall has been addressed

We noted the practice did not audit patients' dental care records to check that the dentists recorded the necessary information. We have since received evidence which confirms this shortfall has been addressed.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. Records seen confirmed that most of the clinical staff completed the

# Are services effective?

(for example, treatment is effective)

continuing professional development required for their registration with the General Dental Council. We noted training records for oral cancer detection were not available for four staff. Legal and Ethical Issues training records were not available for five staff and complaints handling was not available for one staff member. We have since received evidence which confirms this shortfall is being addressed.

Staff told us they discussed training needs at appraisals We noted that self-employed workers did not receive appraisals. For example, hygienists and self-employed nurses. We have since received evidence which confirms this shortfall has been addressed.

We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two-week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice did not have a system in place to monitor referrals to make sure they were dealt with promptly. We were told about an urgent patient referral to a secondary healthcare provider. A record of this referral was not kept or the referral itself tracked to confirm it was actioned appropriately. We have since received evidence which confirms this shortfall has been addressed.

# Are services caring?

## Our findings

### 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 kind and helpful.

They said that they were seen promptly, given different treatment options and said their dentist listened to them. We saw that staff treated patients professionally and respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders

were available for patients to read.

### Privacy and dignity

The practice 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 privacy when reception staff were dealing with patients.

We noted due to the layout of the practice it was not possible to speak to patients in private when at the reception desk. This was confirmed by staff we spoke with. Since our inspection a room has been made available in the neighbouring GP practice.

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 be involved in decisions about their care and were aware of the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

Sign language interpretation services were not available for patients who were deaf.

The practice gave patients clear information to help them make informed choices. 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 photographs, models, X-ray images and an intra-oral camera. The intra-oral camera and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and 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

### **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 on the importance of emotional support needed by patients when delivering care.

The practice shared its building with a GP surgery who was Dementia friendly which ensured signage around the building was accessible.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. This included step free access, a lift, a magnifying glass and accessible toilet with hand rails and a call bell.

The practice did not have a hearing loop available for patients who were hearing aid wearers,

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

### **Timely access to services**

Patients were able to 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 practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were seen the same day. Patients told us they 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.

They took part in an emergency on-call arrangement with dentists working there and the 111 out of hour's service for NHS patients.

The practice 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**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on 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 the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 dealt with their concerns.

The practice had not received any in the previous 20 months. Information for patients showed that a complaint would be acknowledged within three days and investigated within 10 days.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Improvements were needed to ensure the principal dentist had the capacity and skills to deliver high-quality, sustainable dental care and treatment. The lack of effective governance management at the practice had resulted in many clinical and managerial shortfalls in the efficiency of the practice. We have since received evidence which confirms these shortfalls are being addressed.

We wish to note that the practice's clinical audit and governance processes require constant attention to prevent shortfalls happening again in the future.

### **Vision and strategy**

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### **Culture**

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

The practice focused on the needs of patients. Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

The provider had a system of 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 noted there was not a system of clear responsibilities, roles and systems of accountability which affected the standard of governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the dental practice. The practice manager was responsible for the day to day running of the service.

The management arrangement indicated that the practice fell short of effective clinical and managerial leadership. This became apparent when we noted shortfalls in the management of emergency medicines and equipment, fire safety, COSHH, radiography, staff training, audits and staff appraisals. We have since received evidence which confirms these shortfalls have been addressed and systems and processes are in place to ensure that the improvements are maintained.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

The practice 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used social media, such as Facebook, twitter and Instagram, surveys and verbal comments to obtain patients' views about the service.

The practice gathered feedback from staff through meetings, discussions and surveys. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, the provider replaced a chair and computer stand.

### **Continuous improvement and innovation**

The practice management showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff but it was evident that improvements were required. Peer reviews were not carried out. Clinical audits were either not actioned or not carried out. For example, antimicrobial and patient records. We have since received evidence which confirms this shortfall has been addressed.

## Are services well-led?

Staff discussed learning needs, general wellbeing and aims for future professional development but this was informal. Self-employed staff did not have appraisals. We have since received evidence which confirms this shortfall has been addressed.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and immediate life support training annually. We noted the system for

monitoring staff training required improving to ensure the practice had evidence of competency in core CPD recommended subjects. We have since received evidence which confirms this shortfall has been addressed.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.