Mr Raj Wadhwani

Henderson House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 4 November 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 providing well-led care in accordance with the relevant regulations.

Background

Henderson House Dental Practice is in Haverhill and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes eight dentists, one lead dental nurse, three dental nurses, four trainee dental nurses, three dental hygienists, one lead receptionist and two receptionists, one business manager and one practice manager. The practice has eight treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 49 CQC comment cards filled in by patients and spoke with one other patient. We noted 47 of the cards were wholly positive, two cards expressed negative comments which we discussed with the practice and operations manager.

During the inspection we spoke with five dentists, the lead dental nurse, three dental hygienists, the lead receptionist, the operations manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8am to 6pm.

Tuesday from 8am to 5pm.

Wednesday from 8am to 5pm.

Thursday from 8am to 5pm

Friday from 8am to 4pm.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Staff knew how to deal with emergencies. We noted that some sizes of airways and clear face masks were not available in the emergency equipment instead of the recommended five. We found medicines to treat a severe allergic reaction were insufficient and not in line with the recommended guidance. During the inspection the practice manager confirmed these item had been ordered.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice manager was new in post and was supported by the operations manager. They confirmed that fire drills and appraisals were scheduled to be undertaken.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt supported and valued and told us they enjoyed their work.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- Staff felt involved and supported and worked well as a team. Staff spoke openly about how much they enjoyed working at the practice.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure all clinicians 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.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 that 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 principal dentist had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. All staff

had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We were informed that a pop-up note could be created on patients' records if they were identified as vulnerable or required other support such as mobility.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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 principal dentist had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The principal dentist had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two 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.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

We noted that the practice fire risk assessment identified that staff had not undertaken any recent timed fire evacuations. The practice manager was new in post and along with a receptionist had recently received specific fire marshal training, they confirmed that fire drills were scheduled to be held with all staff.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

The practice carried out radiography audits every year. There was scope to ensure these were specific to each clinician to ensure they identified any learning requirements and were following current guidance and legislation. The practice management team confirmed these would be clinician specific in future.

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 reviewed regularly to help manage potential risk. The principal dentist had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. There was scope to ensure this included all sharp dental objects to ensure dental nurses did not handle any sharp dental items such as matrix bands.

Are services safe?

The principal dentist 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 every year. However, they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date.

Not all emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were within their expiry date, and in working order. However, we found that some sizes of airways and clear face masks were not available in the emergency equipment instead of the recommended five. We found medicines to treat a severe allergic reaction were insufficient and not in line with the recommended guidance. During the inspection, the practice manager confirmed that the missing masks, airways and medicines were purchased.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support. However, this did not address or give oversight of the specific risks associated with the hygienists working without chairside support.

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

The practice occasionally used staff from across other practices owned by the principal dentist. The operations manager described how the practices were all working to ensure conformity with working procedures and policies across each of the services. This ensured staff would be familiar with each practice's procedures when on site.

The practice 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 practice had suitable 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 undertaken on 8 October 2018. The practice manager confirmed they were in the process of reviewing any recommendations from the risk assessment to ensure these had all been actioned and completed. This included ensuring there was a trained legionella lead and deputy at the practice. We noted records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

There were 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 quarterly. The latest audit completed on 25 October 2019 showed the practice was meeting the required standards.

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 dentists 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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable 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.

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

The practice manager was in the process of introducing antimicrobial prescribing audits to ensure the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

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

We looked at records of safety incidents detailed at the practice since 2016. We saw this these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was 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 that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPs). We noted that guidance on sepsis (a serious complication of an infection), was displayed and staff had a clear understanding of the implications of sepsis and the common signs and symptoms.

The practice had digital-X-ray machines to enhance the delivery of care.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. The practice had recently introduced electronic tablets where patients could easily complete their most recent medical history and sign for any consent, which was then immediately backed up to the practice computer system

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient stated; the new dentist is really nice, they explained everything to me and made sure I was happy to proceed with the treatment. Another patient commented; Been with the dental practice all my life, very happy with everything. The dental practitioner was informative and explained everything very well.

Helping patients to live healthier lives

The practice was providing 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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists/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 health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. There was advice on smoking cessation and healthy eating displayed in the waiting rooms. These included advice on sugar levels in soft drinks and a large display on oral cancer awareness. Information displayed directed patients to schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. 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

Are services effective?

(for example, treatment is effective)

time to explain treatment options clearly. Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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 saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information. The audits did not refer to individual clinicians, there was therefore scope to expand the audit process to further drive improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, trainee dental nurses were supported with appropriate clinical training programmes and dentists and dental nurses often accessed specialist training courses provided by the principal dentist training academy.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff described the support they received with training. Staff had access to online training and the practice database for policies, updates and other information. All staff had access to the dental academy, this was available for training and mentoring and had been introduced to enhance staff training across the services. Staff discussed how they were able to discuss any training needs during clinical supervision and informal review. The practice manager described plans to reintroduce formalised annual appraisals.

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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

We found that 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 very good, professional and gentle. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone. One patient stated that the dentist was great, made them feel very comfortable and explained everything to them.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. We noted there were three waiting areas for patients at the practice, two where patients were not readily observed by staff should their health deteriorate, we discussed this with the practice manager who confirmed they would review the practice risk assessment for patients waiting alone in these areas. 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 any paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act. The Accessible Information Standard 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 for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand. We noted clinicians left their treatment rooms and came out into the reception area to invite patients through for their treatment. They engaged with patients in friendly and reassuring discussion prior to their treatments.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- Information about the practice, oral health or treatment was available in other formats and languages if required.
- Staff described how service dogs were welcomed at the practice.

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. 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 photographs, study models and digital X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

We saw examples of how the practice team supported vulnerable members of society such as patients with dental phobia, adults and children with a learning difficulty, and those living with dementia, and other long-term conditions. One patient commented that the dentist listened carefully to their concerns and issues and was aware of their individual needs and that of their children. They stated the dentist had helped them care for their teeth whilst they were undergoing curative treatment in secondary care. They stated they appreciated the advice they had been given.

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

One patient told us how despite their fears about their treatment, the dentist had been really kind and supportive.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. There were five treatment rooms on the ground floor with level access. Staff described how they supported patients to complete or understand paperwork if they were unable to see or read it.

The practice had made reasonable adjustments for patients with disabilities. This included step free access at the side of the building, a hearing loop and accessible toilet with hand rails and a call bell. The reception desk had a lowered area to ensure patients using wheelchairs could be clearly seen and supported.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff sent text messages to patients who had consented two days before their appointment to make sure they could get to the practice.

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. Extended opening hours were available from Monday to Friday from 8am, opening to 6pm on Monday evenings.

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.

When the practice was closed the telephone answer machine referred patients to the emergency on-call arrangements with the NHS 111 out of hour's service.

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

Listening and learning from concerns and complaints

The principal dentist and 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 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 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 discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received. The practice kept a summary of compliments and complaints and reviewed comments on social media sites. We noted minutes of staff meetings where concerns were discussed with staff and training had been undertaken in response to concerns.

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders within the practice team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice manager was new in post but was clearly empowered to make decisions and where required, changes to support and improve the quality of the service.

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

We saw the principal dentist had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had recently recruited five dental nurses and a practice manager to enhance the development of the practice.

Vision and strategy

There was a clear vision and set of values which was set out in the practice statement of purpose. These included,

- To provide an efficient dental service.
- To ensure patients are fully informed about the service and the treatment options available.
- To obtain patient feedback and act upon outcomes
- To encourage all team members to participate in achieving the aims and objectives.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. For example, through the provision of general dentistry the practice aimed to provide regular care at appropriate intervals for patients. This was supported by the ability to refer patients to sister practices for sedation and implant services. In addition, the practice was undergoing a period of development, with one treatment room due for complete refurbishment. We noted some external areas of the practice were in need of renovation.

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.

The staff focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The principal dentist and practice manager were 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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist and operations director had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service supported by the operations director and a team of staff in lead roles. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff across each of the services owned by the principal dentist and were reviewed on a regular basis. The operations manager described the email circular which detailed any potential staff shortages or absences across the services owned by the principal dentist. Nurses would, where required be available to work across each of the services. This ensured staff availability was maximised and there was always adequate staff to cover any holidays or other leave across each of the services. The principal dentist would often ensure a taxi service was provided where required.

Are services well-led?

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The principal dentist 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 high-quality sustainable services.

As part of their new role the practice manager outlined their plans to undertake patient surveys. The operations manager described the investment the principal dentist had put into the practice to enhance patient experience, these included electronic tablets for patients to complete health information and confirm consent, the introduction of digital x-ray units across the practice and increased staff recruitment.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice manager confirmed these were collected and sent to a sister practice for review and audit. We noted over 500 wholly positive comments on one NHS website, the practice had not responded to these.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Meeting days were rotated to ensure these captured all staff working days. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. The practice had introduced telephone headsets for reception staff to improve patient confidentiality whilst on the telephone and better support the patient experience.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. There was scope to expand these audits to be specific to each clinician to ensure they identified any learning requirements. The practice management team confirmed these would be clinician specific in future. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist, operations director and practice manager valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. Trainee dental nurses had access to a medical training provider to support them through their training, Other training included undertaking medical emergencies and basic life support training annually. The principal dentist supported and encouraged staff to complete CPD. In addition, the principal dentist provided support and training for non-European Economic Areas dentists who were undergoing performers list validation by experience in order for them to work as NHS dentists in the United Kingdom. They also provided training and mentoring for dentists working under conditions from the General Dental Council.