

AJ & SJ Healthcare Limited

Mitton Dental Surgery

Inspection Report

26 Mitton Gardens
Stourport-on-Severn
Worcestershire
DY13 9AE

Tel: 01299 879886

Website: No website at present.

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Overall summary

We carried out this unannounced inspection on 5 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mitton Dental Surgery is in Stourport-on-Severn, Worcestershire 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 three dentists, four dental nurses (two of whom are trainees), one dental hygienist and one receptionist. The practice has four treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Mitton Dental Surgery is the principal dentist.

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

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

The practice is open:

Monday from 7.45am to 6pm.

Tuesday from 7.45am to 6.45pm.

Wednesday from 8.30am to 5pm.

Thursday from 7.45am to 5pm.

Friday from 8.30am to 5pm.

Saturday from 8am to 12pm.

Our key findings were:

- The practice was undergoing extensive renovations and building works at the time of our inspection. The provider had taken ownership of two practices next door to one another in March 2019 and was structurally renovating them back into one building to enhance the facilities for patients.
- The provider had infection control procedures which mostly reflected published guidance. A dedicated decontamination room had been implemented within the last month as part of the renovation plan.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available. Those items that were identified by us as missing were obtained within 48 hours of the inspection.
- The provider had some systems to help them manage risk to patients and staff. Risk assessments for fire, legionella, sharps, general health and safety and new starters awaiting Hepatitis B immunity results had

been scheduled post renovation work but not completed at the time of our visit. Radiation protection processes and protocols required review and updating.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and was implementing a culture of continuous improvement. At the time of our visit regular audit had not been completed due to the provider prioritising facility improvements and renovations.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Improve the practice's infection control procedures and protocols 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'. In particular ensuring instruments are stored appropriately and reprocessed at identified intervals.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising

Summary of findings

from the undertaking of the regulated activities. In particular ensuring risk assessments for legionella, fire, sharps, Hepatitis B immunity status and general health and safety are completed.

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

- Take action to ensure audits of radiography, record keeping, prescribing and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training, two safeguarding certificates were sent to us within 48 hours of the inspection as they were not shown to us on the day. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider had an infection prevention and control policy and procedures. They mostly 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.

A dedicated decontamination room installation had been completed two weeks prior to our inspection. This served all the dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas. 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. However, we found some instruments were stored in treatment rooms in unsealed pouches and three pouched instruments dates had expired. We also found one instrument had elements of rust, this was disposed of

during our inspection. The principal dentist held a practice meeting the following day to discuss our findings and retrain staff. We were informed within 48 hours of our inspection that the instruments were in date, however they had found that the date stamp was faulty, and this had now been removed and replaced.

The most recent infection prevention and control audit had been completed in February 2019 and this showed that the practice was meeting the required standards. The provider had prioritised installing a dedicated decontamination room as prior to their ownership, decontamination processes were completed in the treatment rooms. Therefore, the infection prevention and control audit had not been completed within six months as the installation and new processes were being implemented. The decontamination room had been completed two weeks prior to our inspection and we were informed that an audit would be completed in January to assess the new processes and procedures.

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 some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. At the time of our inspection significant plumbing works were taking place as one boiler had been removed and pipe work had been extended from the second boiler to service the whole building. In addition to this, plumbing work had been routed into the decontamination room and patients' toilets were being removed from the first floor as there were plans in place to install an accessible toilet on the ground floor. We were informed that a legionella risk assessment would be scheduled once all the plumbing works had been completed. Records of sentinel water temperature testing had not been completed since August 2019. We were informed that this was an oversight due to a staff member leaving and this task not being allocated to a different staff member. We were informed with 48 hours of our inspection that this task had been allocated, the monthly tests were completed for December 2019 and a new log was sent to us for review.

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

Are services safe?

patient areas were visibly clean. Builders were present during our visit and therefore some staff areas and areas undergoing renovation were filled with equipment and not as clean as usual.

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

The provider had whistleblowing policy which required further detail including external and internal contact details for reporting concerns. Not all staff were aware of what the term whistleblowing meant although they did tell us that they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records for staff employed since the new ownership. These showed the provider mostly followed their recruitment procedure. Two references for two staff members were not held on their files as outlined in the recruitment policy. These were sent to us within 48 hours of our inspection.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

At the time of our inspection the provider was in the process of installing a wired fire alarm system throughout the building. A fire commissioning certificate was sent to us within 48 hours of the inspection. The fire officer had been scheduled to complete the formalised fire risk assessment in January 2020 once the works had been completed. We saw there were fire extinguishers and fire detection systems (in the process of being installed) throughout the building and fire exits were kept clear.

The provider had made significant improvement throughout the practice and had installed intra-oral X-rays machines in all the dentist treatment rooms. The practice had some arrangements to ensure the safety of the X-ray equipment. We found the required radiation protection information was not readily available. The provider advised that they were awaiting login details to access the online radiation folder. Local rules that we viewed were out of date and required replacing.

We saw evidence in clinical care records the dentists justified, graded and reported on the radiographs they took. The provider had not completed radiography audit as they had recently installed new X-ray machines. We were informed that these would be scheduled for completion in accordance with published guidance and legislation.

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

Risks to patients

The provider was in the process of implementing systems to assess, monitor and manage risks to patient safety.

The provider had a health and safety policy and supporting procedures, but they had not yet completed a general risk assessment 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 dentists used traditional needles rather than a safer sharps system. There were safeguards available for the clinicians who handled needles. A sharps risk assessment had not yet been completed by the new provider.

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. However, two new staff members were awaiting confirmation of their immunity status and this had not been risk assessed.

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 available as described in recognised guidance, apart from clear face masks and adrenaline as this was on back order with the

Are services safe?

supplier. The missing face masks were ordered within 48 hours of our inspection. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

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

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We 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.

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.

Antimicrobial prescribing audits had not been carried out annually as the provider had owned the practice for nine months.

Track record on safety, and lessons learned and improvements

The provider did not have comprehensive risk assessments in relation to safety issues at the time of our inspection. Some staff we spoke with were unsure of specific types of incidents and the incident reporting process despite the policy being available on the new electronic governance system.

In the previous nine months there had been no safety incidents recorded. The provider told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We were told that if a relevant alert was received then this would be shared with the team and acted upon as required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health. There was a dedicated display on 'hidden breakfast sugars' in the waiting room highlighting sugar content.

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

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who 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 dentists understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. The dentists were aware of the need to consider this when treating young people under 16 years of age, however not all staff members were aware of this.

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.

At the time of our inspection the provider had some quality assurance processes to encourage learning and continuous improvement. The provider was in the process of significant renovation work, had recruited new staff and implemented a new governance tool to create new policies and procedures. The provider had plans to complete audits, risk assessments and staff appraisals in the new year once the renovation works had been completed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider had recruited new staff members since taking ownership of the practice and told us they would be recruiting a practice manager to support with managerial tasks.

Staff new to the practice including agency staff had a structured induction programme. This was not available for

Are services effective?

(for example, treatment is effective)

us to see on the day of our inspection and the induction plans had been sent to the trainee nurses assessors. The induction plans were sent to us following the inspection. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very caring, excellent and friendly. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient commented, "I think it's very good and always has been. I have been coming here for over 40 years, staff are now friends".

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

Information leaflets were available for patients to read.

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 very limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The provider was aware of the close proximity that patients sat to the reception desk and had plans in place as part of the renovations to address this by adding additional patient waiting areas away from the desk. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

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. However, at the time of our inspection not all staff were aware where this information was kept.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to 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 did not have a website at the time of our inspection, we were informed that there were plans to implement a website at a later date.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff told us that they had recently researched autism as they wanted to improve their knowledge to be better placed to support patients living with this condition.

Patients described high levels of satisfaction with the responsive service provided by the practice. Several patients commented that they had been attending this practice for many years and would highly recommend this practice to family friends.

On the day of our inspection we displayed CQC feedback comment cards in the waiting room to gather patients views of the service.

Eight cards were completed, six of these were wholly positive and two of these whilst mainly positive stated that they felt the treatment was rushed and that the practice was sometimes difficult to contact.

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

The provider was in the process of improving reasonable adjustments for patients with disabilities. There was step free access, ground floor treatment rooms and a low-level area of the reception desk for wheelchair users. The improvement plans included purchasing a hearing loop, a magnifying glass, reading glasses and installing an accessible toilet with hand rails and a call bell.

Patients that had consented were sent appointment reminders by text message four weeks and two days beforehand. Patients commented that they found the reminders helpful.

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. They did not have a practice website or information leaflet at the time of our inspection.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Appointments mostly ran smoothly on the day of the inspection and patients were not kept waiting excessively.

The staff took part in an emergency on-call arrangement with some other local practices for private patients and for all patients over the Christmas period. NHS patients signposted to the NHS 111 out of hour's service. Details of this were displayed in the waiting room.

Patients mostly confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. One patient advised that they sometimes found it difficult to contact the practice.

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 complaint procedure displayed in the waiting room explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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 principal dentist had dealt with their concerns.

We looked at comments, compliments and the one verbal complaint the practice received over the past nine months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety. There was a strong emphasis on driving improvement since the provider had taken over ownership of two neighbouring practices nine months prior to our inspection. Systems and processes were being implemented including a new electronic governance tool with renewed policies and procedures. Significant structural and refurbishment work had taken place including upgrading heating systems, installing a new wired fire alarm and emergency lighting system, installing a dedicated decontamination room, installing intra-oral X-ray units in all dentist treatment rooms and refitting the staff toilet facilities. Further improvements were scheduled including renovating a staff room, redecorating the conference room, refitting the treatment rooms, moving the practice entrance for enhanced accessibility, increasing patient waiting areas and reception space and installing a ground floor accessible toilet.

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service and had significant plans in place to address these.

The principal dentist was 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 principal dentist told us they would be recruiting a practice manager in the future to support them with managerial tasks.

Culture

The practice was developing a culture of high-quality sustainable care.

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

Staff told us they discussed their training needs directly with the principal dentist. The principal dentist invited a local college assessor to use the conference room at the practice to hold weekly training sessions for the practice trainee nurses and local practice trainee nurses.

The principal dentist had not completed any appraisals at the time of our inspection as they had been working there for nine months. We were informed that these were due to be completed early next year.

The staff focused on the needs of patients. We observed one receptionist being flexible with a patient's appointment time to ensure that the time coincided with local transport timings.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following patient feedback relating to confidentiality, a practice meeting was held and staff discussed the importance of not repeating patient details when on the telephone. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and they told us they were encouraged to do so, and they had confidence that these would be addressed. We found however that staff were not aware of what was meant by the term whistleblowing.

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 management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider was building a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff and would be reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

The practice was in a transitional stage following the recent purchase of the adjoining premises and as such had not yet implemented risk assessments, audits and appraisals. The provider had plans to develop a patient information leaflet and a practice website to better inform patients.

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

Engagement with patients, the public, staff and external partners

The provider encouraged verbal comments to obtain staff and patients' views about the service. They had plans to develop a patient satisfaction survey to gather specific feedback from patients.

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 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 was implementing quality assurance processes to encourage learning and continuous improvement. We were told that this would include audits of dental care records, radiographs and infection prevention and control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, they had enhanced the facilities to include a conference room for the team to use for staff meetings and training sessions.

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