

The Burton Family Dental Centre Limited

Burton Family Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 28 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC), inspector who was supported by a specialist dental adviser and a CQC inspection manager.

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

Burton Family Dental Centre is in Burton on Trent and provides NHS (for children only) 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, five dental nurses, one dental hygienists, one receptionist and a business manager. The practice has three 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 Burton Family Dental Centre is one of the principal dentists.

On the day of inspection, we collected 49 CQC comment cards filled in by patients.

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

The practice is open:

Monday and Wednesday from 8.30am to 4.30pm.

Tuesday and Thursday from 9.30am to 5.30pm.

Friday from 8.30am to 4pm.

Our key findings were:

- Strong and effective leadership was provided by the principal dentists and empowered business manager. There was a strong culture of continuous improvement
- Staff told us that they felt valued and supported. All staff members we spoke with told us they enjoyed working at the practice and many had been there for over ten years.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which mostly reflected published guidance. Infection prevention and control audits were completed annually rather than six monthly. An audit was completed within 48 hours of the inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of the defibrillation pads which had expired. Self-inflating bags with reservoirs and clear face masks were missing from the kit. These were ordered on the day of our inspection.

- The provider had systems to help them manage risk to patients and staff. We saw that risk assessments for substances hazardous to health had been completed however, the safety data sheets were not available to staff. We were informed that this would be rectified.
- 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. They routinely referred patients to their dental hygienist and oral health educator through a clear care pathway.
- The appointment system took account of patients' needs. Patients could access routine treatment and urgent care when required.
- The provider asked staff and patients for feedback about the services they provided. Feedback from patients received through online forms and 49 CQC comment cards was overwhelmingly positive.
- The principal dentists strove to continually improve the patient journey and service. An improvement plan was being developed to drive improvement. This included implementing a patient participation group; increasing patient communication and community outreach and focusing on the ease of patient communication.
- 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 processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure safety data sheets are retained alongside the completed risk assessments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

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

The business manager delivered domestic abuse training to the team in April 2019 to raise awareness. A poster with support group contact details was displayed in the patient toilet.

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

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

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in November 2017. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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

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

The infection control lead carried out infection prevention and control audits annually. National guidance states that these audits should be completed every six months. The latest audit completed in March 2019 showed the practice had achieved a compliance score of 99% which demonstrated that they were meeting the required standards. We discussed this with the practice manager and was advised that they would complete these six monthly. An infection prevention and control was completed within 48 hours of our inspection which achieved a compliance score of 100% and reinforced that the practice was meeting the required standards.

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

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

The provider did not have a recruitment policy however they followed procedures to help them employ suitable staff. A recruitment policy was implemented and sent to us within 48 hours of the inspection. This reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

Are services safe?

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

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

A fire risk assessment was carried out in line with the legal requirements in May 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The fire alarm and emergency lighting annual service certificates were not available for us to review during the inspection. These were sent to us within 48 hours of the inspection.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff had completed sepsis awareness training. Signs and symptoms of sepsis were discussed at a staff meeting in

August 2019 and sepsis patient information posters were displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. In addition to this medical scenario training was delivered at monthly practice meetings.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists 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. Product safety data sheets were not retained alongside the risk assessments to ensure it was the current data sheets that had been assessed. We were advised that these would be collated following our inspection.

Information to deliver safe care and treatment

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

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

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

Safe and appropriate use of medicines

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

Are services safe?

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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in December 2019 indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were

comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Where there had previously been a safety incident in 2017 we saw this was 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 saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice offered hypnotherapy for patients who were very anxious about receiving dental treatment. Hypnotherapy appointments were administered by one of the principal dentists who also used relaxation techniques to calm and enable nervous patients to receive treatment.

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

Staff had access to digital X-rays and clini-pads to enhance the delivery of care.

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 routinely referred patients to the practice oral health educator and dental hygienist as part of their treatment plans to reinforce preventative advice and maintenance. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking

services. They directed patients to these schemes when appropriate. The practice oral health educator highlighted the national oral health campaigns on a dedicated noticeboard in the waiting room to share preventative advice with patients. At the time of our inspection the noticeboard contained useful information on 'five New Year's resolutions for a healthy mouth' which included advice on; smoking cessation, diet, reducing sugar intake, interdental cleaning and attending the dentist regularly.

The 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.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We were shown a thank you card from a patient's relative thanking the team for explaining why they couldn't give their relative's appointment details to them without their consent and addressing the issue by posting the appointment details to the patient directly.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Some of the dental nurses had completed postgraduate radiography and oral hygiene education courses.

Staff new to the practice received a comprehensive and structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Many staff members had worked at the practice for over ten years and knew their patients well.

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

Patients commented positively that staff were fantastic, very friendly and helpful. 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. Patients commented that the service provided was excellent and staff always made them feel at ease. Many patients told us this was the best practice they had been too, they wouldn't wish to be seen anywhere else and that they would highly recommend this practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient commented, "My dentist was amazing. I'm a very nervous patient, they were calming and didn't rush me. Treatment and service is always really good, nothing is ever too much trouble".

Information leaflets, oral health advice and practice policies 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 privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice

would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

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

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 they could understand, and communication aids and easy-read materials were available.
- Braille and large print documents were available upon request.

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. One patient commented, "The best dentist I have ever been to. Very caring staff that don't make me feel rushed at any time even if running late". A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, 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. The team had completed dementia awareness training and were a 'dementia friendly practice'.

Patients without exception described high levels of satisfaction with the responsive service provided by the practice. Many patients commented that staff always listened to them and they had complete trust in this practice.

Two weeks before our inspection, CQC sent the practice 49 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. Every comment card had been completed, giving a patient response rate of 100%. Of this 100% of the views expressed by patients were wholly positive.

Common themes within the positive feedback were the friendliness of staff, easy access to dental appointments and the high-quality service provided.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. One staff member told us that the team always ensured that the music volume was turned down low for one patient living with autism as they found the noise difficult to manage.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a low-level area of the reception desk for wheelchair users, braille and large print on request, a ground floor treatment room and an accessible toilet with hand rails.

Staff had carried out a disability access audit in February 2019 and had formulated an action plan to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

All patients were reminded of appointments three working days before by text message, patients commented that this was helpful. Staff telephoned some patients on the morning of 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. 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 mostly ran smoothly on the day of the inspection. We observed one patient being apologised to and being informed that there was a delay for their appointment due to the laboratory being late with their delivery. We saw that the delivery arrived five minutes later, and the patient was taken straight into the treatment room.

The staff took part in an emergency on-call arrangement with some other local practices, NHS patients were signposted to 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

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. They had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentists were responsible for dealing with complaints. Staff told us they would tell the principal dentists about any formal or informal comments or concerns straight away so patients received a quick response.

The practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

We looked at comments and compliments the practice received over the past 12 months. These showed the practice responded to feedback appropriately and discussed outcomes with staff to share learning and improve the service. The practice had not received any complaints in the past 12 months.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented.

Leadership capacity and capability

We found the principal dentists had the capacity, values and skills to deliver high-quality, sustainable care. The principal dentists were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The principal dentists strove to continually improve the patient journey and service. An improvement plan was being developed to drive improvement. This included implementing a patient participation group; increasing patient communication and community outreach and focusing on the ease of patient communication.

Culture

The practice had a culture of high-quality sustainable care.

Staff told us that they felt well supported and could raise any concerns with the business manager and the principal dentists. All the staff we spoke with said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

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

The staff focused on the needs of patients. Patient feedback surveys were changed every year to ensure that they focussed on different areas of the patient journey.

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

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership and the day to day running of the practice. They were supported by a business manager and staff who had delegated lead roles. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. All staff completed a clinical governance test in November 2017 following training on practice policies to ensure that the policies were embedded, and staff were aware of their responsibilities pertaining to them.

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, for example NHS BSA performance information, surveys, audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. The business manager carried out a 'mock CQC inspection' prior to our visit to share learning with the team and manage staff uncertainty with the process.

The provider used patient surveys, online feedback and encouraged verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following patient feedback that the toilet flush was slow the provider upgraded the toilet system.

The practice regularly used their own patient satisfaction surveys to seek feedback and gather possible improvement ideas from patients. They had collated the 20 respondent results for each dentist from the most recent survey which was completed in February 2019. The results showed that 100% of patients felt that the practice was clean or very clean and 100% of patients felt that the text message appointment reminder was helpful.

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. Results from December 2019 showed 100% would recommend this practice to family and friends.

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 practice was a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, antimicrobial prescribing, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

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