Barnt Green Dental Centre Limited

Barnt Green Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 3 September 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

Barnt Green Dental Clinic is in the village of Barnt Green in the Bromsgrove district of Worcestershire, 10 miles south of Birmingham city centre. The service provides private dental treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs by means of a portable ramp and flat board. Car parking spaces, including those for blue badge holders, are available in a free of charge shoppers car park at the rear of the practice.

Summary of findings

The dental team includes four dentists, one visiting dentist, two dental nurses, one dental hygienist, a compliance manager and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Barnt Green Dental Centre is the compliance manager.

On the day of inspection, we collected 17 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, the compliance 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 and Thursday from 8.30am to 5.30pm.

Tuesday, Wednesday and Friday from 8.30am to 4.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of missing clear face masks for the self-inflating bag and an incorrect sized oxygen cylinder. These items were immediately ordered during the inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. We reviewed eight clinical care records and found that they were not consistently completed in accordance with guidance provided by the Faculty of General Dental Practice.
- 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 culture of continuous improvement.
- Staff felt involved and supported and worked well 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 suitable information governance arrangements.

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

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
We found that this practice was providing safe care in accordance with the relevant regulations.

No action

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

No action

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

No action

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

No action

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. A copy of the local authority safeguarding team contact details was displayed in the staff room.

We saw evidence that staff received safeguarding training, the compliance manager was the practice safeguarding lead and had completed level three safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Safeguarding was regularly discussed at team meetings, we noted that all staff members were given a copy of the safeguarding toolkit during a team meeting in March 2019.

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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

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

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 seven staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The provider funded the GDC registration fees and indemnity cover fees for employed staff members.

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.

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noted that the practice were not using rectangular collimators as recommended in their audit. We discussed this with the provider and were shown evidence that these had been ordered for use within 48 hours of our inspection.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (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 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 those who handled needles including provision that the dental nurses did not handle used needles. A sharps risk assessment had been undertaken in June 2019.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A risk assessment was in place for a staff member whose documentation stated that they were immune but did not record the exact titre level.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted some items of equipment that were not held in the kit. For example, clear face masks for self-inflating bag (sizes 0, 1, 2, 3 and 4). We also found that the oxygen cylinder contained 425 litres and not the required 460 litres in line with published guidance. These items were immediately ordered during the inspection. We found staff kept records of their checks of these to make sure these 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 (GDC) Standards for the Dental Team.

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

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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 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 which had been completed in November 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. We noted that the cleaner had not been signing that they had attended the practice over the past three months. The practice manager confirmed that the practice had been cleaned and there had been a change of cleaner that did not follow procedure and sign the logs. The practice manager had contacted the cleaning agency requesting a meeting to discuss this. The practice was visibly clean when we inspected.

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 an infection prevention and control audit in March 2019 and told us they would be completing these twice a year. The audit 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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, 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 provider 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.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated 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.

In the previous 12 months there had been three incidents recorded. We saw 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 mostly assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We reviewed eight clinical care records and found that they were not consistently completed in accordance with guidance provided by the Faculty of General Dental Practice.

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

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 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. They directed patients to these schemes when necessary. The practice had dedicated areas in waiting room for oral health displays. At the time of our visit the oral health display focussed on sugar content in various drinks to raise patient awareness.

The practice held a childrens oral health day at the practice in July 2019 which was advertised on their website, social media sites and on community noticeboards in the village. The team created oral health displays within the practice and were on hand to show children around the practice, discuss oral health advice and play games with the children. Puzzles and colouring sheets were available for children to use and every child was given a complimentary goody bag containing oral health aids such as toothpaste samples, tooth brushing timers and tooth brush charts.

Staff members visited local schools where they demonstrated good toothbrushing techniques and gave oral hygiene education.

The principal dentist 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. We reviewed clinical care records for a 13 year old patient and found there was no record that a basic periodontal examination (BPE) had taken place. Published guidance recommends thath BPE's should be taken and recorded for children from the age of seven.

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

The practice carried out oral health assessments which identified patient's individual risks. We found that the dentists did not routinely record tooth wear risks in the clinical care records we reviewed and were advised by the provider that their templates would be amended to incorporate this. 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.

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. We found that when verbal consent had been obtained, this was not always recorded in the clinical care records.

Feedback received from CQC comment cards completed by patients confirmed that their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

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 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. However, we found one dentist had treated a patient on two occasions and had failed to record in the clinical care records that they had checked their medical history.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dental nurses had additional training and extended duties in radiography, oral health education, topical fluoride application and taking dental impressions.

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 discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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 provider 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 friendly, helpful and personable. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone. We observed one staff member taking their time to support a patient to complete documents on the new electronic system.

Patients said staff were compassionate and understanding. One patient told us 'We have been bringing our family here for 12 years and we are always greeted as a member of the family. Superb service'. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards 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, staff told us they would take them into another room. The planned building works had taken patient privacy into account by utilising a treatment co-ordinator office which could be used for confidential conversations. 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 and were aware of the requirements under the Equality Act.

The requirements under the Equality Act 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. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that 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, did not rush them and discussed options for treatment with them. One patient commented 'I have been coming to this practice since the 1980's and have been so lucky to see such a marvellous dentist. I met my new dentist for the first time today and felt immediately at ease, in fact it was a happy social occasion'. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and 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.

The practice manager shared several examples of where they had specifically supported patients to receive care and had supported patients following treatment by sitting with them until they were confident that the patient was able to leave. The practice manager told us they often rang patients to check that they had returned home safely following appointments.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were informed of specific adjustments and support that had been made to enable patients to receive treatment such as treating a patient in their wheelchair and not reclining the dentist chair fully for another patient with a complex medical condition.

The practice had made reasonable adjustments for patients with disabilities. This included a portable ramp for the front door, a magnifying glass, reading glasses and a ground floor toilet with hand rails. There were further enhancements planned as part of the building and refurbishments plan which would include a fully accessible ground floor toilet, improved ramp access and a hearing induction loop.

A disability access audit had been completed and an action plan formulated 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.

Staff telephoned all patients the day 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. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and told us they did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The emergency on-call arrangement was provided by 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 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 told us they aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if any were to be received. 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 and compliments the practice received within the past 12 months. The practice had not received any complaints within this period for us to review.

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 leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist took over ownership of the practice in February 2019 and long standing staff members that had worked at the practice for over 10 years remained and supported patients through the change process.

Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. The prinicipal dentist was supported by both the compliance manager and the practice manager. Both managers had different skillsets which complemented and supported one another, the team and patients. For example, the practice manager had worked at the practice in excess of 20 years and therefore had built strong professional relationships with patients and understood individual patient needs. They had extensive practice management experience including being instrumental in developing the British Dental Practice Managers Association. The compliance manager worked across two practices, was a registered dental nurse and the CQC registered manager for this practice.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. At the time of our inspection, the practice were in the process of recruiting an additional dental hygienist and a dental nurse.

Vision and strategy

There was a clear vision and set of values. The practice's statement of purpose detailed the teams aims which included "to consistently provide dental care of a high standard promoting good oral health to patients" and "to understand and meet the needs of our patients, promote informed decision making and encourage patient feedback". Patient surveys and feedback we received from patients demonstrated that the team achieved these aims.

The practice mission statement displayed in the practice told patients "we aim to be the most complete dental practice with experienced, competent, friendly staff who provide high end dentistry in a professional manner".

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. Since taking ownership of the practice in February 2019 the principal dentist had changed the clinical software and commissioned digital X-rays. At the time of our visit, the practice manager told us they had planning permission accepted to expand and improve the facilities to include an additional two treatment rooms, a larger staff room and a treatment co-ordinator office for enhanced patient privacy. Improvements would also include the addition of a hearing induction loop, a refurbished waiting room and reception area and a fully accessible patient toilet.

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 and long standing staff members clearly knew their patients well and could therefore support their individual needs. The staff focused on the needs of patients. The practice manager shared an example of where they had supported a patient who was losing their memory to receive care.

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

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

Are services well-led?

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager and compliance manager were jointly responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The compliance manager 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. At the time of our visit the compliance manager was in the process of updating all policies and procedures as part of their rebranding project.

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 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 high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' views about the service. Recent results from 21 patient surveys completed between March and August 2019 showed that 100% of the respondents would recommend this practice to friends and family and 100% felt that the reception staff were friendly.

The provider gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We saw examples of suggestions from staff the practice had acted on. For example the core working hours were changed to reduce the lunch break to 30 minutes and to finish work 30 minutes earlier as a result of staff feedback.

Continuous improvement and innovation

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

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

The management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the dental nurses had extended duties and training in radiography, oral health education, topical fluoride application and taking dental impressions.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The principal dentist funded an online training package for employed staff which covered core CPD topics and encouraged them to complete the training.