

# Grove Mount Dental Practice

## Assessment report

Grove Mount South

Ramsey

IM8 3EY

Isle of Man

Date of assessment: 8 July 2022

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## Our findings

### Overall summary

We carried out this announced assessment on 8 July 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser and a second CQC inspector.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and services on the island are not subject to CQC's enforcement powers. This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care services delivered or commissioned by IOMDHSC and Manx Care.

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 assessment.

**Our key findings were:**

- The practice appeared to be visibly clean and well-maintained. Improvements should be made to some aspects of cleanliness and processes for these to be audited.
- The service's infection control procedures did not reflect published guidance and there was no oversight of these.
- Staff received some training to respond to medical emergencies. This could be improved to include a range of medical emergency scenarios. Not all the appropriate medicines and life-saving equipment were available.
- The service did not have effective systems to help them identify and manage risk to patients and staff.
- The service had safeguarding processes. Improvements could be made to ensure staff know their responsibilities for safeguarding vulnerable adults and children.
- The service had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect. Systems should be reviewed to ensure they consistently protect patients' 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 service did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service dealt with complaints positively and efficiently.

**We found areas where the practice could make improvements. CQC recommends that the practice:**

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- 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 (In particular, cleaning and decontamination processes; Legionella and water management).
- Take action to implement any recommendations in the practice's fire safety reports, including risk assessment, and ensure ongoing fire safety management is effective.
- Take action to ensure all staff have received sufficient training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health Isle of Man.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff. In particular, ensure that all the staff have received training, to an appropriate level in infection prevention and control, safeguarding, awareness of Gillick competence and sepsis.
- Take action to ensure audits of radiography 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.
- Take action to ensure the practice stores dental care records securely.

We highlighted the above concerns to IOMDHSC in line with the agreed escalation process.

### **We have also identified areas we have escalated to the IOMDHSC**

- Implement amalgam waste handling protocols to ensure amalgam waste is disposed of in compliance with the relevant regulations and take into account the guidance issued in the Health Technical Memorandum 07-01.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases and ensure staff can access the appropriate advice and care following sharps incidents.
- Take action to ensure that all staff have received training and are aware of the scope of and referral pathways for safeguarding of children and vulnerable adults.
- Review the need to undertake a Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Improve the systems for checking and monitoring pressure vessel (compressor) equipment taking into account relevant guidance and ensure that all equipment is well maintained. (In particular, pressure vessel inspection).

### **Background**

Grove Mount Dental Practice is in Ramsey 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 four dentists (one of which provides NHS care), six dental nurses, two dental hygiene therapists, a business manager, a practice manager and two receptionists. The practice has five treatment rooms.

On the day of assessment, we spoke with the principal and the NHS dentist, two dental nurses, a receptionist, the business 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 to Thursday 8.30am to 5.30pm

Friday 8.30am to 4.30pm

## Is the service safe?

We found this practice was not always providing safe care in accordance with CQC's inspection framework

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

Staff did not have clear and comprehensive 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 and we were given examples of where staff had identified where vulnerable patients needed additional support. The service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence staff had received safeguarding training, but this was not always at the level required for their role. When discussing safeguarding scenarios, we were not assured that all staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We discussed making safeguarding information, including the local safeguarding contacts more accessible to staff.

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

The service had an infection prevention and control policy and procedures. We were sent evidence after the assessment which showed staff completed infection prevention and control training, but we found limited understanding of accepted guidance issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

The arrangements for transporting, cleaning, checking, sterilising and storing instruments were not in line with accepted guidance. In particular:

- The decontamination rooms were poorly laid out and cluttered with inappropriate items which inhibited the decontamination processes and workflow
- Staff used a single sink for handwashing, scrubbing and rinsing contaminated instruments
- A wire bur brush was in use, this is a sharps risk and causes damage to instruments which encourages bacterial and proteinaceous adhesion

- Instruments were manually scrubbed under non temperature-controlled running water and there was no use of pre-enzymatic or instrument detergent to reduce bioburden and proteinaceous material on instruments before sterilisation.
- Staff did not wear appropriate personal PPE to undertake decontamination procedures
- Instruments were not inspected under illuminated magnification before sterilization to ensure they were suitably clean and free from damage and debris.
- There was no system for staff to pass contaminated instruments through to the sterilisation room from the decontamination room without walking round carrying these
- There was a lack of systems to ensure all sterilised instruments were stored appropriately after sterilization
- There was no designated area for clean instruments to be pouched for storage after sterilisation

The records showed equipment used by staff for cleaning and sterilising instruments was serviced in line with the manufacturers' guidance. Validation checks of decontamination equipment were ineffective. We noted some test strips appeared to have not changed to the colour which confirms a satisfactory cycle, and this had not been raised as a potential issue. Staff were not aware of the data loggers attached to some of the autoclaves and the purpose of these to demonstrate that autoclave cycle parameters are met on a daily basis.

The staff carried out manual cleaning of dental instruments prior to them being sterilised despite the availability of validated automated devices. We advised the service that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory. Staff were unsure whether lab work should be disinfected upon return from the lab.

We saw staff had limited procedures to reduce the possibility of Legionella or other bacteria developing in the mains water systems, and there was no requirement for them to undertake a risk assessment. Staff did not monitor water temperatures to ensure they were within the accepted range. Dental unit water line management was maintained, and test samples had been taken which showed these were free from contamination. We noted a water heater in the sterilisation room which had visible biofilm in the water vessel. Staff told us this water was used for dental impressions as it maintains the water at a constant temperature.

We saw cleaning schedules to ensure the practice was kept clean. When we carried out our assessment, we saw the practice was visibly clean. Staff could improve the cleanliness of clinical areas, including inside surgery drawers. We noted some large dental bur stands were in use and uncovered, these were not visibly clean.

The Isle of Man provided blanket waste management collection provision and the practice staff had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. We were told there was no provision to remove waste dental amalgam from the Isle of Man. This had been escalated. We found the waste amalgam and capsules were stored safely.

The infection control lead had not received training to support them. They did not demonstrate the knowledge or competence for this role. No infection prevention and control audits had been carried out to establish and monitor whether processes were in line with recognised guidance.

The service had a Speak-Up policy and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with appropriate guidance when providing root canal treatment to patients. In instances where a dental dam was not used, 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 service had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at staff recruitment records. These showed the practice staff had followed their recruitment procedure. Some aspects of employment records were not held onsite, in particular whether photo ID, qualifications and CVs were obtained and checked. The business manager confirmed these were obtained and checked but we were unable to corroborate this.

We observed 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 had not been carried out in line with the requirements. The most recent fire safety system servicing report carried out in April 2022 specified that the practice's fire safety systems were inadequate for the premises and a risk assessment was required; No action had been taken to action this. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. There was a nominated fire marshal, but they did not demonstrate they had the knowledge or competence for this role as they were unfamiliar with the evacuation process and the location of the assembly point.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We highlighted that local rules for operators should be updated.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We were shown evidence the dentists justified, graded and reported on the radiographs they took. The service had not carried out any radiography audits. After the assessment, a radiography audit was carried out and sent to us.

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

### **Risks to patients**

The systems to assess, monitor and manage risks to patient safety should be reviewed.

The practice health and safety policies, procedures and risk assessments were not reviewed regularly to help manage potential risk. The service had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. Brief information relating to sharps safety were included in the practice waste policy. A sharps risk assessment had not been undertaken to effectively assess the risk from all sharp items. We reviewed sharps injuries that were poorly documented and did not demonstrate that all the risks had been assessed and discussed with staff. It was noted the Isle of Man does not have consistent sharps injury management processes for primary care providers to follow and support them in this process.

The service 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.

Sepsis prompts for staff and patient information posters were displayed in the practice. We were not assured that all staff had completed sepsis awareness training to enable them to triage

appointments effectively to manage patients who presented with a dental infection and where necessary refer 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. It was highlighted this training did not include other medical emergencies such as epilepsy or life-threatening allergic reactions. The practice did not ensure that these areas were covered in additional training or team discussion to ensure all team members could participate effectively in the event of these. Changes had recently been made to the provision of emergency equipment and medicines. We found these were not as described in recognised guidance. The required range of clear face masks, oropharyngeal airways and child-sized self-inflating bag with reservoir were not available. We noted some items were also unpackaged and their cleanliness and expiry dates could not be established.

We found staff carried out sporadic checks to make sure emergency equipment and medicines were available, within their expiry date, and in working order. These had not highlighted the missing and unpackaged items. We signposted staff to recognised guidance to improve this process.

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

The service did not have adequate risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Safety data sheets were not available for all hazardous substances, and there was a lack of risk assessments for products used in the practice to ensure manufacturer's instructions are followed. Hazardous substances including chemicals and gases were observed upstairs in a storeroom.

### **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 corroborate our findings and observed that individual records were typed and managed in a way which kept patients safe. Dental care records we saw were complete and legible. We discussed information security, in particular, we observed where doors had been left open where patient identifiable data was visible on computer screens.

The service had systems for referring patients with suspected oral cancer to help make sure patients were seen quickly by a specialist.

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

The systems for appropriate and safe handling of medicines should be reviewed.

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.

There was no system to ensure the security of prescriptions. We discussed how to log these to prevent any fraudulent use and to lock them away when not in use and at the end of each working day. The dentist was aware of current guidance with regard to prescribing medicines.

Prescription only antimicrobials (which were dispensed to private patients) were stored in an open room and unlocked cupboard. There was no logging system in place for these to maintain stock control and prevent unauthorised access. We also highlighted the importance of storing prescription only high concentration fluoride products securely.

Antimicrobial prescribing audits were not carried out annually. We highlighted how maintaining a log makes a good basis for these audits.

### **Track record on safety, and lessons learned and improvements**

The systems for reviewing and investigating when things went wrong.

There was a lack of risk assessments in relation to safety issues. There was a system for staff to report any incidents.

In the previous 12 months there had been no safety incidents. We saw previous sharps incidents which had been documented poorly and learning had not occurred. Staff told us that any safety incidents would be documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The service had a system to receive patient and medicine safety alerts. There was no system to demonstrate these were read and acted on in a timely way. We discussed this with the team and signposted them to alternate ways to review alerts to support the process.

## Is the service effective?

We found this practice was providing effective care in accordance with CQC's inspection framework.

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

The dentists and 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.

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 completing 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 preventative advice.

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood their responsibilities when treating adults who might not be able to make informed decisions, and that children under 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. We discussed staff's awareness of Gillick competence and highlighted that due to limited awareness in some areas refresher training would be beneficial.



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 patient's current dental needs, past treatment and medical history. The dentists assessed patient's treatment needs in line with recognised guidance.

The service 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.

Staff new to the practice had a structured induction programme. We highlighted that this should be reviewed to ensure staff understood their roles in relation to infection prevention and control, safeguarding, sepsis awareness and fire safety. The practice had recently introduced a system to ensure 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.

## **Is the service caring?**

We found this practice was providing caring services in accordance with CQC's inspection framework.

### **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. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patient feedback confirmed that staff were compassionate, understanding 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 should be reminded 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, however we observed other rooms where patients' personal information was visible on unattended computer screens 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.

- 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 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, X-ray images of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and treatment.

## Is the service responsive?

We found this practice was providing responsive care in accordance with CQC's inspection framework.

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

The practice had made reasonable adjustments to support disabled patients. This included step free access to the ground floor, an accessible toilet with handrails and a call bell at a height suitable for wheelchair users.

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

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 ran smoothly on the day of the assessment and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with all other local practices and patients were directed to the appropriate out of hours service. This was also published on the Isle of Man Government website.

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 closed. 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**

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

The service had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients could receive a quick response.

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

We looked at comments, compliments and complaints the practice had received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

## **Is the service well-led?**

We found this practice was not always providing well-led care in accordance with CQC's inspection framework.

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

We found as leadership roles in the practice had recently changed, oversight of systems and processes had been affected. Leaders needed to make improvements to ensure they were knowledgeable about issues and priorities relating to the quality and future of the service. They were open to discussion and feedback during the assessment to understand and address the issues highlighted.

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.

The service had a strategy for delivering the service which was in line with health and social priorities across the island. Staff planned the services to meet the needs of the practice population.

### **Culture**

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

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

The staff focused on the needs of patients. We were given examples of where staff had provided support to vulnerable individuals.

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

Openness, honesty and transparency were demonstrated when responding to complaints. The system to ensure incidents are fully reviewed and used to demonstrate learning should be reviewed.

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

### **Governance and management**

Staff did not have 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. The business and practice managers shared the responsibility for the day to day running of the service. Staff knew the management arrangements. We were not assured that staff in lead roles were provided with the training and support to understand and carry out their roles and responsibilities.

The service had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Systems to review these had lapsed.

The provider did not have clear and effective processes for identifying and managing risks, issues and performance. In particular, we found there was insufficient provision and oversight of:

- Infection prevention and control and decontamination process.
- Fire safety
- Medical emergency arrangements
- Sharps safety
- Legionella and water management
- Medicines management
- Risks from hazardous substances
- Patient safety and medicine alerts

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The service had information governance arrangements. Staff should be reminded 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 service used and encouraged verbal and social media feedback to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about NHS services they have used.

The service gathered feedback from staff mainly through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

### **Continuous improvement and innovation**

The service had recently introduced some systems and processes for learning, continuous improvement and innovation.

The service did not have quality assurance processes to encourage learning and continuous improvement. Audits of dental care records, radiographs and infection prevention and control were not carried out. After the assessment, a radiographic audit was completed and sent to us. We highlighted the need to ensure that audits have documented clinician specific learning points and the resulting improvements can be demonstrated.

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

Prior to the assessment, the provider did not monitor staff training to ensure they completed 'highly recommended' training as stated in the General Dental Council professional standards. The provider had used the documents provided to help them prepare for the assessment to obtain evidence of continuing professional development required.