

Portman Healthcare Limited

Alexandra Dental Practice

Inspection Report

74 London Road
Reading
Berkshire
RG1 5AS

Telephone: 0118 986 8167

Website: www.alexandradental.com

Date of inspection visit: 11/04/2019

Date of publication: 15/05/2019

Overall summary

We carried out this announced inspection on 11 April 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 CQC registration inspector and 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

Alexandra Dental Practice is based in Reading and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs via a portable ramp.

The dental team includes four dentists, five dental nurses, one trainee dental nurse, three dental hygienists, three receptionists and a practice manager. The practice has six treatment rooms of which five are in use.

Summary of findings

The practice had recently been joined by a second practice following extensive renovation work to the first floor of the building. We did not inspect this second practice on the day of our inspection.

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 Alexandra Dental Practice is the practice manager.

On the day of our inspection we collected 19 CQC comment cards filled in by patients and obtained the views of five other patients.

During the inspection we spoke with two dentists, three dental nurses, one receptionist and the practice manager. Two support staff from head office were also in attendance at the inspection.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 7.00am to 5.00pm
- Tuesday 7.00am to 5.00pm
- Wednesday 8.00am to 5.00pm
- Thursday 7.00am to 5.00pm
- Friday 7.00pm to 2.00pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control decontamination procedures which reflected published guidance but improvements were needed.

- Staff knew how to deal with medical emergencies
- The practice had systems to help them manage risk but did not operate these effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children but training required improvement.
- Improvements were needed to staff recruitment procedures.
- The practice did not ask for patient feedback about the services they provided.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The management of staff training was not effective.
- Staff felt involved, supported and worked well as a team.
- The management of significant event and complaints was not effective.
- The practice had suitable information governance arrangements.
- The practice did not have effective clinical and management leadership or a culture of continuous improvement.
- We have been provided evidence to confirm all but one of the shortfalls identified have been addressed. The area outstanding is effective staff recruitment processes.

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

- Review the practice's recruitment procedures to ensure appropriate checks are completed prior to new staff commencing employment at the practice.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

All but four staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. We have since received evidence to confirm this shortfall is being addressed.

Improvements were needed to ensure fire safety management at the practice was effective. We have since received evidence to confirm this shortfall is being addressed.

Improvements were needed to the management of re-sheathing needles. We have since received evidence to confirm this shortfall has been addressed.

Staff were qualified for their roles and the practice completed essential recruitment checks but improvements were needed to ensure references and DBS checks were carried out.

Premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Medicines management required improvement to ensure out of hours dispensing followed regulations. We have since received evidence to confirm this shortfall has been addressed.

Improvements were needed to the management of clinical waste, frequency of infection control audits and staff Hepatitis B immunity. We have since received evidence to confirm these shortfalls have been addressed.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and clearly explained.

The dentists discussed treatment with patients so they could give informed consent. We noted informed consent was not routinely recorded in patient records. We have since received evidence to confirm this shortfall is being addressed.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles but improvements were needed to manage this effectively. We have since received evidence to confirm this shortfall is being addressed.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were gentle and caring.

They said that they were given a professional advice and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The windows in one treatment room were overlooked by the path and car park. We asked the practice to consider remedial action to protect patients' privacy. We have since received evidence to confirm this shortfall has been addressed.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight loss. The practice did not have arrangements in place to support patients who experienced hearing loss. We have since received evidence to confirm this shortfall has been addressed.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Complaints were not logged effectively which meant it was difficult to ascertain what action had been taken. We have since received evidence to confirm this shortfall has been addressed.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

A number of risk assessments had been carried out in February 2019 which prompted action plans. We reviewed a health and safety, fire, access and legionella risk assessments and found all had actions outstanding. We have since received evidence to confirm this shortfall is being addressed.

No action



Summary of findings

The practice team kept patient dental care records which were, clearly typed and stored securely. Improvements were needed to ensure patient consent was recorded in records. We have since received evidence to confirm this shortfall has been addressed.

Improvements were needed to ensure that antimicrobial, patient care records and radiograph audits were carried out effectively. We have since received evidence to confirm this shortfall is being addressed.

Are services safe?

Our findings

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

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that 14 of the 18 working at the practice had received safeguarding training. We have since received evidence to confirm this shortfall is being addressed.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

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

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place

for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records to find that references and DBS checks remained outstanding for two in line with the provider's recruitment policy

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Improvements were needed to the management of fire safety. Actions identified as a result of a risk assessment carried out in Feb 2019 remain outstanding. The practice had emergency lighting installed as part of the refurbishment but systems were not set up to test this. We saw evidence that nine out of 18 people working at the practice had received fire safety training in the previous 12 months. We have since received evidence to confirm these shortfalls are being addressed.

The practice had arrangements to ensure the safety of the X-ray equipment.

The practice carried out radiography audits every year following current guidance and legislation. Improvements were needed to ensure that action plans reflected the results of radiograph audits. We have since received evidence to confirm this shortfall is being addressed.

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 up to date and reviewed to help manage potential risk however the action plans for these remained outstanding. We have since received evidence to confirm this shortfall is being addressed.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment.

The practice had a sharps policy which we found to be generic and not practice specific. Dentists chose to disregard relevant safety regulation when using needles and other sharp dental items. We have since received evidence to confirm this shortfall has been addressed.

Are services safe?

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. We found that where the vaccination effectiveness was negative there was not a process in place for staff to follow. We have since received evidence to confirm this shortfall has been addressed.

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

Emergency medicine and equipment was available in line with the requirements of recognised guidance.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We noticed a hygienist working alone. There was not a risk assessment for this available. We have since received evidence to confirm this shortfall has been addressed.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health and safety data sheets were available.

Premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

An annual infection control statement was not available. We have since received evidence to confirm this shortfall has been addressed.

Keyboards were either not covered or washable. We have since received evidence to confirm this shortfall has been addressed.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Actions identified as a result of a risk assessment carried out in Feb 2019 remain outstanding. We have since received evidence to confirm this shortfall is being addressed.

We saw cleaning schedules for the premises. The practice appeared to be clean when we inspected, and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Three used sharps boxes were stored in the garage. We were told these had been overlooked at previous clinical waste collections. We have since received evidence to confirm this shortfall has been addressed.

The practice carried out infection prevention and control audits every year. The latest audit showed the practice was meeting the required standards but improvements were needed to the frequency of audits to ensure they were carried out every six months. We have since received evidence to confirm this shortfall has been addressed.

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

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

Prescription management required improving. We have since received evidence to confirm this shortfall has been addressed.

The provider had 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.

Are services safe?

Dispensed medicines that were not in their original packaging and did not include a patient information leaflet (PIL). All medicines must include a PIL, unless all the information is on the pack, regardless of how patients get them.

Medicines were not supplied in containers that were labelled. Labels should contain the name and address of the supplying dentist. Both shortfalls indicated dispensing was not carried out in line with the Human Medicines Regulations 2012. We have since received evidence to confirm these shortfalls have been addressed.

Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate the dentists were following current guidelines. We have since received evidence to confirm this shortfall being addressed.

Track record on safety

The practice had a good safety record.

There were risk assessments in relation to safety issues. The practice generally monitored and reviewed incidents but improvements were needed to the effective recording and reporting of notifiable incidents to CQC. We have since received evidence to confirm this shortfall has been addressed.

One of the treatments rooms was used to store equipment and materials. Staff used this room regularly. We found the storage arrangement could result in personal injury. We have since received photograph evidence to confirm this shortfall has been addressed.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

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

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Dental implants

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality.

We noted implant failure rate audits were not carried out. Audits are not a requirement but it is considered good practice to audit patient outcomes in implantology.

Helping patients to live healthier lives

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

The dentists told us they 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 told us that where applicable they 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.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment but improvements were needed to ensure verbal consent was recorded in patient dental care records. We have since received evidence to confirm this shortfall being addressed.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may 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 can consent for themselves. The 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 dentists assessed patients' treatment needs in line with recognised guidance.

Patient dental care record audits were not available which meant the practice was unable to check that the dentists recorded the necessary information. We have since received evidence to confirm this shortfall being addressed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme.

The practice supported staff to complete training, as highly recommended by the GDC but improvements were needed when monitoring this. For example, we saw evidence that six out of 11 clinical staff working at the practice had received training in oral cancer detection, legal and ethical issues and complaints handling and ten out of 11 had received training in infection control. We have since received evidence to confirm this shortfall being addressed.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals. We were told appraisals were due to be carried out.

Coordinating care and treatment

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes 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.

The practice monitored urgent referrals to make sure they were dealt with promptly but routine referrals were not centrally monitored. We have since received evidence to confirm this shortfall has been addressed.

Are services caring?

Our findings

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 caring and supportive. We saw that staff treated appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff treated them with respect, inclusive and listened they told us they could choose whether they saw a male or female dentist.

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

Information folders were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area hindered privacy when reception staff were dealing with patients. We have since received evidence to confirm this shortfall being addressed.

Staff told us that if a patient asked for more privacy they would take them into another area in the practice. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

The windows in one treatment room were overlooked by the path and car park and we asked the practice to consider remedial action to protect patients' privacy. We have since received evidence to confirm this shortfall has been addressed.

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

The practice had CCTV present in the reception area. We noted this required checking to ensure the system in place took into account the guidelines published by the Information Commissioner's Office. We have since received evidence to confirm this shortfall has been addressed.

During our visit we observed a number of staff experiencing repeated IT failure which resulted in data entry tasks having to be repeated. Tasks included patient care record completion. We asked the practice to consider reviewing their IT systems as a matter of urgency. We have since received evidence to confirm this shortfall being addressed.

Involving people in decisions about care and treatment

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

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access and arrangements to support patients with sight loss.

The practice did not have arrangements in place to support patients who experienced hearing loss. We have since received evidence to confirm this shortfall has been addressed.

A Disability Access audit had been completed and an action plan formulated to continually improve access for patients however the actions remained outstanding. We have since received evidence to confirm this shortfall being addressed.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice provided private patients emergency on-call arrangement which were provided by the dentists working at the practice and NHS 111 out of hours emergency service for NHS patients.

The practice website 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints 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 told us they would tell the provider 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 invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received. Information for patients showed that a complaint would be acknowledged within three days and investigated within 15 days. Complaints were not logged effectively which meant it was difficult to ascertain what action had been taken by looking at the complaints log alone. We have since received evidence to confirm this shortfall has been addressed.

Are services well-led?

Our findings

Leadership capacity and capability

The provider had the capacity and skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Improvements were needed to ensure the practice managed the action plans resulting from the risk assessments carried out in February 2019. We understood the practice had undergone significant structural changes recently but wished to note the actions must be addressed as soon as practicably possible. We have since received evidence to confirm this shortfall being addressed.

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

The practice was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values.

The practice had a realistic strategy and supporting business plans to achieve priorities.

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 practice focused on the needs of patients.

The provider had systems available to act on behaviour and performance inconsistent with the vision and values.

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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the clinical leadership and the practice manager was responsible for the day to day management of the practice. Staff knew this arrangement and their roles and responsibilities.

There were clear and effective processes for managing issues and performance.

Appropriate and accurate information

The practice had a system of clinical governance in place which included policies, protocols and procedures. We found the policies stored on the practice electronic record system confusing and hard to navigate. Some were undated which could confuse staff looking for the most up to date guidance. We have since received evidence to confirm this shortfall being addressed.

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

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards and verbal comments to obtain patients' views about the service. A change as a result of patient feedback included planning to adjust the reception area to accommodate wheelchair users more effectively. This action remained outstanding at the time of our visit. We have since received evidence to confirm this shortfall being addressed.

The practice had not carried out a survey to gather the views of patients. We have since received evidence to confirm this shortfall has been addressed.

Patients were not offered the opportunity complete the NHS Friends and Family Test (FFT). We have since received evidence to confirm this shortfall has been addressed.

Are services well-led?

This is a national programme to allow patients to provide feedback on NHS services they have used.

Patient feedback gathered before and during our inspection indicated patients were not happy with the merger's effect on their parking provision. We have since received evidence to confirm this shortfall being addressed.

The practice 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. A change, as a result of staff feedback, included the introduction of new staff changing area.

Continuous improvement and innovation

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

The practices quality assurance processes required improvement. These included audits of dental care records, antibiotic prescribing, radiographs and infection prevention and control. We have since received evidence to confirm these shortfalls are being addressed.

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

Staff told us they discussed training needs at annual appraisals. We were told appraisals were due to be carried out.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training.

We noted the system for monitoring staff training required improvement to ensure staff could evidence of competency in core CPD recommended subjects. We have since received evidence to confirm this shortfall being addressed.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.