

Dr Azm Ahmed & Dr Samira Ahmed

Writtle Dental Surgery

Inspection report

4 Lawford Lane
Writtle
Chelmsford
Essex
CM1 3EA
Tel: 01245 421781
Website: No website

Date of inspection visit: 17 April 2015
Date of publication: 18/06/2015

Overall summary

We carried out an announced comprehensive inspection on 17 April 2015.

The practice has two dentists who are both partners. There is a practice manager and four dental nurses all working on a part-time basis on a rota. There is one receptionist at the practice.

The practice provides primary dental services to both NHS and private patients and the ratio is approximately 50/50. The practice is open Monday to Friday between the hours of 8.30am and 6.30pm. They are open on alternate Saturday mornings by appointment only for private patients.

One of the dentists who is a partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with two patients during the inspection. They told us that they were very satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment and that staff treated them with dignity and respect.

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 24 completed comment cards and all of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to book an appointment and they found the quality of the dentistry to be excellent. They said explanations were clear and that the staff were kind, caring and reassuring.

The provider was providing care which was safe, effective, caring, responsive and well-led and the regulations were being met.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.

Summary of findings

- Infection control procedures were robust and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

There were areas where the provider could make improvements and should:

- Ensure that there is a system in place to check the qualifications and experience of locum staff when and if used.
- Establish an improved method of obtaining the views of patients about the services provided.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. The practice responded to national patient's safety and medicines alerts and took appropriate action. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Procedures to check on the qualifications and experience of agency staff needed to be more robust. Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients told us they were listened to and not rushed. Treatment was clearly explained and they were provided with written treatment plans. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patients were often contacted after receiving treatment to check on their welfare.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Patients received reminders by telephone about their appointments. Information about emergency treatment was made available to patients. A practiced leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

Summary of findings

The practice provided clear leadership and involved staff in their vision and values. Regular staff meetings took place and these were minuted. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place. The practice sought the views of staff and patients, but the patient survey sample was too small and not reflective of the size of the patient population. Health and safety risks had been identified which were monitored and reviewed regularly.

Writtle Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 17 April 2015 and was conducted by two CQC inspectors.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the

complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team / Healthwatch, however we did not receive any information of concern from them.

During the inspection we spoke with the dentist, the practice manager and a dental nurse and reviewed policies, procedures and other documents. We also spoke with two patients. We reviewed 24 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager.

We looked at two complaints that they had received in the last twelve months and found that they had been recorded, analysed, investigated and learning had been identified. We found that complainants had been written to in a timely manner and the practice displayed a duty of candour, offering an explanation, an apology and being open and transparent about the issues that had been raised. Any learning identified was cascaded to staff at team meetings or personally to individual staff members if relevant.

The practice responded to national patient safety and medicines alert that affected the dental profession. These were sent to a dedicated email address and actioned by one of the dentists. Where they affected patients their electronic patient record was noted and this alerted the dentists each time they attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

All staff at the practice were trained in safeguarding and there was an identified lead who was one of the dentists. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a vulnerable child or adult. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents since they had registered in 2013.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However they felt confident that any issue would be taken seriously and action taken.

Medical emergencies

Emergency medicines, a defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines. All staff had been trained in basic life support including the use of the defibrillator and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

The emergency medicines box also contained useful guidance for staff in the form of laminated prompt cards. These detailed some of the typical types of health emergency that might occur and symptoms were described in addition to the type of first aid response that was required. These included emergencies such as a cardiac arrest hypoglycaemia and anaphylaxis.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at four staff files and found that the process had been followed.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, part-time staff were contacted to attend the practice and cover for their colleagues. Where this was not possible agency staff were used.

We looked at the arrangements in place to establish whether the practice undertook checks on the

Are services safe?

qualifications and experience of agency staff. We found that the contract from the agency that supplied staff made it clear that it was the responsibility of the practice to ensure that they checked the qualifications and skills of staff sent to them. We found that this was not taking place and as locum staff were rarely used this presented a minimal risk to patients attending the practice.

We discussed this with the practice on the day of the inspection and they have agreed to adopt more robust recruitment procedures in relation to agency staff. They told us that they used preferred agency staff wherever possible but agreed that with staff unknown to them they needed to have a system in place to confirm skills and qualifications.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Regular health and safety audits took place at the practice to ensure the environment was safe for both patients and staff. Where issues had been identified remedial action had been taken in a timely manner.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

The practice had an induction process for all new staff members and this included familiarisation with health and safety issues. We spoke with one member of staff who had been recently employed at the practice. They told us that they were currently undergoing an induction period and being mentored by one of the dentists. We looked at the areas being covered and this assured us that staff were being monitored and supervised to ensure they were familiar with the procedures in place at the practice.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place and a lead had been identified. The policy clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and

frequency were detailed and checklists were available for staff to follow. We looked at the records kept and found that they had been completed correctly. Records held reflected that the quality of the cleaning was being monitored and feedback given accordingly.

An infection control audit had been carried out on an annual basis for the last two years and these reflected that infection control procedures were robust. Where areas for improvement had been identified, these had been recorded then actioned.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed in the toilet facilities. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and this was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the

Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The practice cleaned their instruments manually then placed them in an ultra-sonic cleaner. They were then rinsed and examined visually with a magnifying glass, then sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

Are services safe?

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. Legionella is a term for particular bacteria which can contaminate water systems in buildings. This included maintaining records and checking on the hot and cold water temperatures achieved. An external contractor attended annually to ensure that procedures were in place to reduce the risk to staff or patients. The last visit took place in May 2014 and the practice was graded as meeting the necessary requirements.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed. All staff had signed a document to indicate that they had read the X-ray procedure and local rules to ensure the safe use of the equipment.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays on a daily basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration made whether the patient required an X-ray and whether this might put them at risk, such as if a patient may be pregnant.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. There was also a patient information folder that contained useful information for patients including the costs of treatment.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentist was aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. CQC comment cards that we viewed reflected that parents were satisfied with the services provided for their children and they had made positive comments about the advice they received.

Staffing

The practice employed two full time dentists, supported by a practice manager/dental nurse and three part-time dental nurses who also acted as receptionists. The ratio of dentists to dental nurses was one to one. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Staff training was being monitored and we found evidence of this in their personal files. The practice had identified some training that was mandatory and this included basic life support and safeguarding.

All staff at the practice had received annual appraisals. Staff spoken with felt supported and involved in the appraisal process. They were given the opportunity to discuss their training and career development needs and were graded on their performance. Staff spoken with felt the process was fair and they felt valued. They told us that managers were supportive and always available for advice and guidance.

Staff new to the practice went through a role specific induction process. The new practice manager was currently undergoing a period of induction and they were receiving mentoring from one of the dentists to ensure they understood how the practice ran. This included familiarisation with health and safety procedures.

Are services effective?

(for example, treatment is effective)

Staff numbers were monitored and identified staff shortages were planned for in advance wherever possible. On rare occasions, locum dentists and dental nurses were used at the practice due to staff shortages. A system was in place with two local dental agencies that supplied clinical staff to the practice. We found however that processes in place to ensure they were suitably qualified and experienced were not robust. We pointed this out on the day of the inspection and the practice has agreed to review the system in place to ensure this takes place in the future. This would include an induction process relevant to their role.

Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff meetings were used to seek feedback from staff about possible improvement areas.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read the policy and they had ready access to it.

Staff spoken with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The dentist told us that they rarely undertook treatment on the same day as they preferred to offer patients an explanation of the risks, options and benefits and to allow them time to think about them, before returning and providing their consent for treatment. Only where matters were urgent or a patient was in discomfort did treatment take place on the same day. The practice had suitable consent forms available for both private and NHS patients if written consent was required for any treatment.

The dentist we spoke with also explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment. This followed the guidelines of the Mental Capacity Act 2005 and included involving any carer to ensure that procedures were explained in a way they could understand.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that when a confidential matter arose, a private room was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Records were held securely.

We were told by staff that where they were concerned about a particular patient after receiving treatment, they were often contacted at home later that day or the next day, to check on their welfare.

Patients we spoke with felt that practice staff were kind and caring and that they were treated with dignity and respect

and were helpful. One patient told us they were nervous about seeing the dentist but had been reassured on each occasion making their experience less stressful. CQC comment cards we viewed reflected that patients were very satisfied with the way staff treated them at the practice.

Involvement in decisions about care and treatment

Patients we spoke with told us that the dentist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and that explained the costs involved.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and practice booklet described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered both NHS and private treatment and the costs of each were clearly displayed in the booklet.

Appointment times and availability met the needs of patients. The practice was open from 8.30 am to 6.30pm. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. Some appointments were available on alternate Saturday mornings for private patients. Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

The practice had recently given questionnaires to patients as part of a patient survey. They had only received two replies which were both positive. They are currently looking at ways of improving the response from patients in order to obtain a broader picture of their views. CQC comment cards reflected that patients were happy with the services provided.

Tackling inequity and promoting equality

The practice was accessible for those patients with mobility issues, using wheelchairs or mobility scooters. A portable ramp was available for use at the entrance to the practice.

The practice was situated in a house in a residential road and there was a surgery on the ground and first floor. The stairs leading to the first floor were very steep and not suitable for some elderly patients or those with a disability. The practice ensured that it made patients aware of the access difficulties when they booked appointments and notes were made on patient records so that staff were aware of those patients affected. This meant they could be allocated the surgery on the ground floor.

Some refurbishments were in the process of being started to the ground floor surgery which meant taking it out of service for a number of weeks. Patients with mobility issues

had been contacted to change their appointment until after the work had been completed or to suggest an alternative practice in the locality in the short term, so that patients needs were met.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. Saturday appointments were available for private patients

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting. The practice had recently undertaken an audit of patients failing to attend for appointments. The findings were analysed and action had been taken to reduce this for the future. Patients were now being contacted by phone prior to their appointment as a reminder. The practice had noticed a marked reduction in the incidence of patients failing to attend the practice and a further audit is planned in due course.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area and in the practice booklet. Staff we spoke with told us that patients could access appointments when they wanted them and patients we spoke with and comment cards we viewed confirmed this.

Concerns & complaints

The practice had a complaint procedure that was advertised in the practice booklet in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint and forms were available for the purpose.

The procedure explained to patients the process to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact.

We looked at two complaints that had been received in the last 12 months. We found that they had been recorded and investigated and the complainant written to in a timely manner. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from these records that the practice had been open and transparent and where action was required it had taken place.

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. CQC comment cards reflected that patients were highly satisfied with the services provided.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

The practice had a small number of staff but governance arrangements were robust. There were two dentists at the practice who were both partners and a new practice manager. At the time of our visit the two partners assumed responsibility for all matters involving the management of the practice, but were in the process of transferring some key responsibilities to the new practice manager and at the same time supporting and guiding them.

We spoke at length with the new practice manager who had a clear understanding of governance and their role and responsibilities. They told us they had been supported by the partner dentists and that standards had been set for them to follow. They had also received support from a practice manager at another location who had been giving them advice and guidance.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, patient records, oral health assessments and X-ray quality. The latter was carried out by the dentists qualified to do so and this involved grading the quality of the X-rays to ensure they had been taken correctly. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits to evidence that improvements had been maintained.

We looked at the patient record and oral health assessment audits. This involved reviewing 15 patients for each dentist at the practice. In particular they were checked to ensure that accurate medical history records had been recorded and to ensure that oral health assessments had been undertaken in line with published guidance. These audits had been repeated and they reflected that guidelines had been followed.

The practice also used a dental patient computerised record system and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date. Records had been kept of the checking process.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. This was evident when we looked at the two complaints they had received in the last 12 months and the comments made by staff.

Staff spoken with told us that the partner dentists encouraged them to report safety issues and they felt confident to raise any concerns they had. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us that the practice manager and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

Regular staff meetings took place and all relevant information cascaded to them. Meetings were minuted and placed on the staff notice board for all to read. Prior to meetings staff were encouraged to consider items for the agenda and meetings were used positively to identify learning and improvement measures.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.