

Mr. Michael Naylor

Dinnington Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Dinnington Dental Practice is situated in the centre of Dinnington approximately three miles from the town of Rotherham. It comprises of six treatment rooms, an oral health education room, there was also an Orthopantomogram (OPG) machine in a dedicated room (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw), a reception area, a waiting area, decontamination rooms and has disabled access and accessible toilet facilities. The practice provides NHS and private dental treatments.

There are 10 dentists, one foundation dentist, three dental hygiene therapists, 18 dental nurses (15 qualified dental nurses and three trainees), three receptionists, two administrative assistants a practice manager and a regional manager.

The practice is open:

Monday and Tuesday 08:00 – 20:00

Wednesday and Thursday 09:00 – 18:00

Friday 09:00 – 17:30

Saturday 09:00 – 13:00

One of the practice owners is registered with the Care Quality Commission (CQC) as an individual. 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.

Summary of findings

On the day of inspection we received 84 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice appeared clean and hygienic.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective
- The practice sought feedback from staff and patients about the services.
- Notable practice because it demonstrates a commitment to tackling oral health inequalities in the local community.

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 such as infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and inducted, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times.

We reviewed the legionella risk assessment dated April 2015, evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

No action



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), Faculty of General Dental Practice (FGDP) and the British Society of Periodontology (BSP). The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



Are services caring?

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

We collected 84 completed Care Quality Commission patient comment cards on the day of our visit. These provided a positive view of the service provided. Comments confirmed that the quality of care was very good. We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

No action



Summary of findings

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice provided patients with access to a telephone interpreter service and had fully accessible ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

A complaints process was accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

The registered provider was a lead member of a pilot scheme called Residential Oral Care Rotherham (ROCR). A scheme set up to provide dental care to all nursing homes in Rotherham.

No action



Are services well-led?

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

There was a strong and clearly defined effective management structure in place and all staff told us they felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice, all staff we spoke to shared a commitment to continually improving the service they provided.

Communication throughout the practice was effective, the process of information dissemination by e-mail ensured all staff remained up to date.

The practice had a robust clinical governance and risk management structures in place. Staff told us they could raise any concerns with the principal dentist and practice manager.

We saw a wealth of administrative and visual evidence of teamwork, professionalism and dedication within the practice.

No action



Dinnington Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 13 July 2016 and was led by a CQC Inspector and a specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered provider, two dentists, four dental nurses, including the

decontamination lead, admin and reception staff and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 84 CQC comment cards that had been completed.

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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

We saw strong evidence that staff understood and embrace the concept of learning from incidents including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us independently of the importance to avoid repetition in order to bring about improvement. Each surgery held an incident book and any incidents were discussed and documented as a permanent agenda item; with decisions recorded in the minutes, we saw evidence of four incidents discussed and processed in the most recent practice minutes dated 6 May 2016.

The practice manager showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. MHRA alerts were logged separately by the practice manager and promulgated effectively. The practice had a strong process in place to ensure that incidents, lessons learnt and MHRA alerts reached staff returning from absence.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures that were in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead and deputy for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

All staff were aware of the procedures to raise safeguarding concerns, were trained and could demonstrate their

awareness of the signs and symptoms of abuse and neglect. All staff had recently undergone dementia awareness training, which reinforced the practice commitment to their patients' safety.

Staff told us that a rubber dam was used routinely when providing root canal treatment to patients in line with guidance from the British Endodontic Society. Rubber dam is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered provider or the practice manager. Staff told us they were encouraged to speak with the 'sister practice' or use the 'staff feedback' box if they felt they could not speak directly to their colleagues. They were aware of external sources of assistance should it be needed.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is 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).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept very well organised resuscitation equipment and record logs, which indicated the emergency equipment, emergency medical oxygen cylinder, emergency medicines and AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were all in date. The practice had a designated lead for emergency medicines and equipment. We also saw evidence of in-house medical emergency scenario training, in addition to standard basic life support, AED training and the use of an automated computerised casualty.

Are services safe?

A full range of resuscitation equipment was available when domiciliary care was provided.

Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file, which confirmed the processes had been followed. All personal information was stored securely.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance, which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy, which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in October 2015.

The practice had a comprehensive Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were introduced a new risk assessment was put in place.

We noted there had been an independent fire risk assessment completed for the premises in January 2016 and followed up with in-house checks including smoke alarms which were tested weekly. Emergency lighting and the fire extinguishers were regularly serviced by external agencies. There was evidence that a fire drill had recently

taken place. The practice had a fire safety policy and a staff fire lead as the fire marshal. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room and sterilisation room connected by a hatch which 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.

All clinical support staff rotated duties in the decontamination rooms and were aware of the work flow in the decontamination room and sterilisation room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clear. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy-duty gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated correct procedures. For example, instruments were transported in a rigid colour coded box to the decontamination room and processed in a washer disinfectant. Instruments were inspected under light magnification and then passed to the sterilisation room. We were told a hand scrubbing process would be held in reserve should the washer disinfectant fail, and if required would be conducted within HTM 01-05 guidelines. Instruments were then placed in the autoclave (a device for sterilising dental and medical instruments) dried and stored in a date stamped bag.

We saw records that showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

The practice had a current infection control policy and an infection control lead. We saw from staff records they had received infection prevention and control training over the last year covering a range of topics including hand-washing techniques.

Are services safe?

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing appropriate hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets. Sharps bins were used correctly and located appropriately, clinical waste was stored securely.

Staff files showed that clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks in accordance with the requirements by Public Health England.

A Legionella risk assessment was completed in April 2015. The practice undertook processes to reduce the likelihood of Legionella developing which included the use of a water conditioning agent, running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures on a monthly basis. A water conditioning agent was used in the dental unit water lines. Monthly in-house water testing was conducted and photographic evidence retained. All staff received Legionella training to raise their awareness. Legionella is a term for particular bacteria, which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was booked for July 2016.

We saw the fire extinguishers had been serviced in October 2015 to ensure they were suitable for use if required.

Equipment such as autoclaves, compressors and X-ray equipment were serviced and maintained in accordance with the manufacturers' guidance, this ensured equipment remained fit for purpose. Purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The X-ray equipment was located in all surgeries. There was also an Orthopantomogram (OPG) machine in a dedicated room (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw). X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules that stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. All the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had records to show that the X-ray machines had been serviced and calibrated appropriately. We saw evidence of six monthly quality assurance audits; the last audit was January 2016. In addition, an in-house weekly quality audit was performed. The audit and results were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The last audit was undertaken in December 2015 where action plans were in place to continuously improve the quality of dental care records. These included ensuring X-rays were continually graded and justified.

During the course of our inspection we discussed patient dental care records with the dentists and checked dental care records to confirm the findings. We found they were in accordance with the guidance provided by the FGDP. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

Staff told us the hygiene therapist would provide detailed preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with

patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for a more detailed treatment plan and advice.

Patients were given advice regarding maintaining good oral health. Effective use of the practice's oral health educator was evident.

The practice had a large selection of dental products on sale and a variety of oral health leaflets were available to assist patients with their oral health.

Staffing

New staff had a period of induction to familiarise themselves with the way the practice ran. The comprehensive induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had access to on-going training to support their skill level and were actively encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. The registered provider encouraged in-house and external team training, evidence of this was provided.

We saw evidence of completed appraisal documents and training plans for the year for each staff member. Staff told us they could approach the registered provider or practice

Are services effective?

(for example, treatment is effective)

manager at any time to discuss continuing training and development as the need arose. It was clearly evident that staff were actively encouraged to continuously develop themselves.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, sedation and oral surgery.

A robust referral system was evident, using colour coded cards to determine referral priority, ensuring each was actioned in a timely manner. The referring clinician was responsible for monitoring their referrals. Each provider had a specific referral protocol; referral letters conformed to the protocols and contained appropriate detail.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

We saw strong evidence that patients gave their consent before treatment began and the patient signed a treatment plan. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. Staff confirmed that clinicians engaged patients fully and presented options and risks.

The practice gave patients with complicated or detailed treatment requirements more time to consider all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and stated they were treated with care, respect and dignity. Patients said, staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us and we witnessed that staff were friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Staff were helpful, discreet and respectful to patients. A room would be made available if a patient wished to speak in private.

Patients' electronic care records were password protected and regularly backed up to secure off site storage, and paper documentation was stored in locked cabinets.

The waiting room was separate to the reception area to ensure confidentiality, the practice appeared clean and hygienic.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described how they involved patients' relatives or carers when required and allowed sufficient time to explain fully the care and treatment they were providing appropriately.

Patients were also informed of the range of treatments and costs available in information leaflets in the waiting room. The practice's website was informative and educational, providing patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointment length was in accordance with the clinical needs. Dedicated emergency appointments times were not required during week days due to ample daily clinical availability. Staff told us the practice strives to see emergency patients on the same day; however, emergency appointment slots were allocated during the Saturday clinic. If the practice was closed patients were directed to the NHS out of hours 111 service via the practice answer machine. The next available appointment was the following day.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that dentists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

The registered provider was a lead member of a pilot scheme called Residential Oral Care Rotherham (ROCR). This had come about as the registered provider had become aware of the lack of availability of dental services available to care homes and the poor understanding of care homes workers about the oral hygiene needs of persons in their care. The scheme was developed out of another scheme, namely the Residential Oral Care Sheffield (ROCS) which the registered provider was also involved with. The scheme involved offering a domiciliary service one afternoon per week to seven local care homes, screening is free as a practice goodwill service, and cost of treatment thereafter is funded by the patient dependant on exemptions. They told us that the aim was to provide dental care to all nursing homes in Rotherham, an on-going scheme which, despite the complications to set up and maintain, has been positive to date. We found this to be notable practice because it demonstrates a commitment to tackling oral health inequalities in the local community.

Tackling inequity and promoting equality

Wheelchair users had step free access directly into the building and handrails were also fitted. All of the surgeries

were located on the ground floor and were large enough to accommodate a wheelchair or pushchair. An accessible toilet was also located within the main foyer. There were dedicated disabled parking bays.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to a local translation services for those whose first language was not English and a hearing loop was available for those who were hard of hearing.

Access to the service

The practice displayed its opening hours in the premises, practice website and on the NHS choices website.

The opening hours are:

Monday and Tuesday 08:00 – 20:00

Wednesday and Thursday 09:00 – 18:00

Friday 09:00 – 17:30

Saturday 09:00 – 13:00

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. Patients commented that they had received emergency treatment the same day that they had requested to be seen. New patients received a comprehensive welcome pack, which included 'practice and patient expectations', practice leaflet and a medical history form.

Systems were in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine, the practice information leaflet and website provided supporting information.

Concerns & complaints

The practice had a complaints policy, which provided staff with clear guidance about how to handle a complaint. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider or practice manager to ensure responses were made in a timely manner.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received three complaints in the past year; we saw evidence the complaints had been dealt with

in line with the practice procedure. This included acknowledging the complaint, providing a formal response and resolution. Written and verbal complaints were acknowledged and resolved appropriately. A leaflet on how to make a complaint was available for patients in reception with contact information to external agencies included.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of a certification programme for dentists to demonstrate excellence in quality assurance, patient care and communication.

The practice manager was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. All staff had individual practice e-mail accounts which were linked to a central memorandum template managed by the practice manager; this was used to maintain communication to staff. We saw evidence of this management tool being used effectively throughout; there was an excellent display of communication at all levels. We found this to be notable practice; considering the large size of the practice, communication at all levels was excellent and the use of the e-mail system to disseminate information was effective and significant. All staff had access to the clinical diary.

The practice had a very positive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw effective risk management processes to ensure the safety of patients and staff members.

There was a robust management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported, were clear about their roles and responsibilities and were proud to work at the practice.

Leadership, openness and transparency

There was an open culture within the practice and staff told us they were encouraged and confident to raise any issues at any time. 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. There was an impressive amount of physical and visual evidence to support team communication and cohesion. The principal was viewed as a strong and well-informed clinical leader.

The practice held bi-monthly team meetings involving all staff. These meetings were minuted and distributed throughout the practice. The memorandum system was

used effectively to maintain communication, a system was in place to enable staff to catch up on information missed during absence and we witnessed team spirit and excellent team ethos and professionalism at all levels.

All staff were aware of with whom to raise any issue and told us the practice manager and registered provider was very approachable would listen to their concerns and act appropriately. There was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice constantly audited different areas of their practice to uphold continuous improvement and learning. This included audits such as dental care records, infection prevention and control and X-rays. Each audit cycle was improved upon to ensure the process was user friendly and efficient.

Staff told us they were encouraged and supported to complete training relevant to their roles; this included medical emergencies, basic life support, infection prevention and control and radiography.

Staff were supported to maintain their continuous professional development as required by the General Dental Council.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area. The satisfaction survey was divided into two separate surveys, clinical and non-clinical. Surveys included questions about all members of the team and the treatment received.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Are services well-led?

We saw the practice held bi-monthly practice meetings, which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues that had not already been addressed during their daily interactions.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.