Cambourne Dental Care Limited

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Inspection Report

Monkfield House
Monkfield Lane
Great Cambourne
Cambridgeshire CB23 6AJ
Tel:01954 718585
Website: www. southerndental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 31 October 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

Cambourne Dental Practice is situated nine miles from the city of Cambridgeshire. The service provides a range of dental NHS services to patients of all ages with some private treatments also available. The practice has its own small car park and is situated close to public car parks. The practice has four dental treatment rooms, a decontamination room, a large ground floor reception/ waiting area and a small first floor waiting area.

The practice opens weekdays from 8am and has extended opening until 7.30pmon Monday and Tuesdays. The practice closes at 5pm Wednesday and Thursdays, and midday on Fridays. The service is run by Southern Dental Limited who provide care at approximately 80 NHS and private dental practices. They employ three dentists and four hygienists. They are supported by a practice manager, three dental nurses (two of whom are trainee dental nurses), a receptionist and a cleaner.

The practice manager 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'.

Summary of findings

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 received feedback from 18 patients either in person or on CQC comments cards from patients who had visited the practice in the two weeks before our inspection. The cards were all positive and commented about the level of care and treatment they had received and the helpful and reassuring manner of the staff.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had received training in handling medical emergencies and had access to appropriate medicines and life-saving equipment in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were in place and the practice followed published guidance. However the use of the ultrasonic washer required a review to ensure appropriate and safe use during busy periods.
- An accident and incident reporting system was in place although few had been reported. The policy required strengthening so that staff could differentiate between significant events, incidents and near miss events and use opportunities to maximise learning.
- Patients told us they received good dental care and were usually able to book convenient appointments. They told us staff were kind and helpful.
- Governance arrangements were in place for the smooth running of the practice although these systems could be further strengthened through improved communication with the corporate management team.
- Information from 15 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review the system for recording details of accidents so that progress and actions can be tracked. Review the identification process for significant events, near miss incidents and accidents so that staff recognise and act on these occurrences to promote learning and improvement.
- Review the way the fridge temperatures are monitored and recorded to ensure that dental care products are stored in line with the manufacturer's guidance.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review staff awareness of Gillick competency, the requirements of the Mental Capacity Act (MCA) 2005 and medical emergencies scenario training so that staff are aware of their responsibilities.
- Review the accessibility of the complaints process and access to health information leaflets for patients. Ensure that the process followed by staff when using the ultrasonic washer minimises the risk that dental instruments may not be cleaned effectively and ensure that the preparation of matrix bands promotes safe use for patients.
- Review the recruitment policy and procedures in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

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?

No action

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

The practice had clear policies and procedures in place for essential areas such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays). However, the cleaning procedure for used dental instruments during busy times needed a review. We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents although none had occurred. Although there were sufficient numbers of suitably qualified staff working at the practice, recruitment checks were not being completed before staff started work. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. However protocols for the use of rubber dam for root canal treatment required a review. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The 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.

Are services caring?

No action

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

We collected 15 completed Care Quality Commission patient comment cards and obtained the views of a further three patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients told us that the quality of care was very good, staff put them at ease and provided excellent care and treatment.

Are services responsive to people's needs?

No action

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Demand for the service in the area was high although at the time of the inspection, the practice had reached full capacity and were unable to accept new patients. Access to treatment and urgent and emergency care was available to registered patients the majority of the time. Patients were advised on how to access alternative dental care at

Summary of findings

particularly busy times. The practice had access to an interpreting service when required although access to written health information was limited. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.	
Are services well-led? We found that this practice was providing well- led care in accordance with the relevant regulations The practice manager and staff had an open approach to their work and shared a commitment to improving the service they provided. The practice had clear clinical governance and risk management structures in place although we found that improvement was required in two areas. This related to following appropriate recruitment procedures and procedures used during the cleaning process for used dental instruments. Overall the leadership structure within the practice appeared to function well although communication with the corporate team could be further improved. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they enjoyed working at the practice. Patient and staff feedback was monitored and action was taken where relevant to do so.	**No action**

Cambourne Dental Care Limited

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

This inspection took place on 31 October 2016 and was led by a CQC Inspector who was supported by a specialist advisor. Before the inspection, we asked the practice to send us some information for review which included a summary of complaints received and general practice information. This was not received prior to the inspection.

During the inspection we spoke with one dentist, a hygienist, two dental nurses, the practice manager and receptionist. We reviewed policies, procedures and other documents. We also obtained the views of three patients on the day of the inspection and received comment cards that we had provided for patients to complete during the two weeks leading up to the inspection.

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 a process in place for reporting and recording accidents or incidents. An accident book was in place and had been used on three occasions. There was no recorded information to identify or track the records of each accident and how it had been managed. The manager told us the accidents had occurred prior to her being in post and she had no knowledge of them.

The manager described the process for reporting serious incidents although no such issues had occurred. The incident policy did not define the differences between significant events, incidents or near miss events so that learning opportunities could be maximised.

The practice manager described the process used for reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). A clear process was in place to report such incidents to head office.

The practice manager received patient safety alerts from the head office and raised them with the dentists and dental nurses as appropriate. Records of this were maintained.

The practice manager had a broad understanding of the principles of the duty of candour and we saw that patients had received an apology when they experienced a poor service.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding vulnerable adults and children which linked to the local guidelines. A member of staff was the designated lead for safeguarding concerns and knew how to escalate any concerns appropriately. Information on the reporting process was visible and accessible to staff who had received relevant training and were able to demonstrate sufficient knowledge in recognising safeguarding concerns.

There was one dentist available on the day of the inspection. We asked the dentist and dental nurses about the use of rubber dam for root canal treatments and found this was not in routine use although it was company policy to do so. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. We discussed the alternative methods with dentists and found that they did not always follow current guidelines in using methods to protect the patient's airway.

Medical emergencies

Staff had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff checked this equipment on a daily basis to ensure it was ready for use. Additional equipment for use in medical emergencies included oxygen which was checked on a daily basis to ensure the cylinder was full and within its expiry date. Staff had received annual training in dealing with medical emergencies although did not practice emergency scenarios to help consolidate this.

The practice had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that the items were all within their expiry dates and stored securely. There was a system in place to ensure that the dental nurses checked the expiry dates of medicines on a daily basis.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental professionals' regulatory body.A corporate recruitment policy was in place and the process was led by the resource team at head office. The policy included the checks required to be undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover and references. We reviewed the recruitment files for four staff who had joined the practice within the last two years. We found that the interview records and references were not held at the practice as this was managed by a team at head office. Documents sent following the inspection demonstrated that references were not received prior to any of the four staff taking up their post. The provider had taken action following our visit

to ensure that two references were in place for each member of staff. They also told us the recruitment process had been amended recently to improve the system for seeking references.

Newly recruited staff received an induction to their role and formal reviews took place with the practice manager at regular intervals. Staff recruitment records were stored securely in a locked cabinet to protect the confidentiality of staff personal information. We saw that relevant staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to 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.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager led on health and safety issues and there were a number of general risk assessments in place covering all areas of the premises. The assessments were regularly reviewed. Assessment information for the Control of Substances Hazardous to Health (COSHH) were also available and were regularly reviewed. Safety kits were available in the practice for cleaning and disposing of spillages of mercury or body fluids in a safe way. A first aid kit was also available and there was a designated member of staff as a first aider.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments. Staff knew how to take appropriate and immediate action if an injury occurred and this would be reported as a significant event. No sharps injuries had been reported in the last two years. All relevant staff had received immunisation for Hepatitis B.

A fire risk assessment had been completed in February 2016 and recommended actions were taken. Firefighting and detection equipment had been serviced and fire drills were in place. Staff had completed fire safety training although a member of staff was yet to complete training as a fire marshal.

The practice had a business continuity plan in place to deal with any emergencies that could disrupt the safe and smooth running of the service. Copies of the plan were held by senior members of staff and a further copy was accessible to other staff.

Infection control

The practice had a detailed infection control policy in place that was regularly reviewed. The lead dental nurse was responsible for the decontamination of used dental instruments. We met with the lead dental nurse, spoke with other staff and observed the procedures and practice that was being followed. We found that overall the practice was meeting HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control although some improvements were needed to strengthen the cleaning process of dental instruments.

An infection control audit had been completed in the last six months. This resulted in minimal actions and confirmed to us that staff followed systems to ensure they were compliant with HTM 01 05 guidelines.

We saw that the dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

The dental items were all stored in lidded containers within drawers of the treatment rooms. We also found that the matrix bands were stored in packets and were not sterile.

The practice had a separate decontamination room for instrument processing. We observed the decontamination process from taking the dirty instruments through the cleaning process to ensure they were fit for use again. The process included manual cleaning before being cleaned in an ultrasonic washer and visual inspection with a magnifier before being sterilised in an autoclave. The ultrasonic washer was not temperature controlled and did not have sufficient capacity for use when all four treatment rooms were in use. This could lead to the risk of inappropriate use. The practice manager agreed to review the process. Cleaned instruments were pouched and date stamped in accordance with HTM 0105 guidelines.

Records demonstrated that systems were in place to ensure that the decontamination equipment was working effectively. Dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for a particular bacteria which can contaminate water systems in buildings). A legionella risk assessment

report had been completed in February 2016 and most identified actions had been completed although some still required completion such as legionella training for the practice manager.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Arrangements were in place to ensure that an approved contractor removed clinical waste from the premises on a weekly basis. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. However the external clinical waste store was not secure as it was not locked to a wall and the lock of the bin itself was broken. Action was taken by the manager to request an urgent replacement. Cleaning equipment for the premises was colour coded for use in line with current guidelines. The general cleaning of the premises was completed by an employed cleaner who completed daily schedules and discussed any issues or concerns with the team to help maintain high standards. The dental nurses were responsible for clinical cleaning.

Equipment and medicines

There were systems in place to check that the equipment had been serviced regularly and in accordance with the manufacturer's instructions. Items included the items used for decontamination of the dental equipment, the dental chairs, electrical items and fire fighting equipment.

A refrigerator was used to store some dental materials and glucagon, a medicine for treating diabetic patients in an emergency situation. Although temperature checks of the refrigerator were in place, these did not include checks of the minimum and maximum temperatures to ensure medicine was stored at a constant and safe temperature.

We found that the practice stored prescription pads securely and had a clear tracking system to monitor prescriptions that were issued. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Radiography (X-rays)

The practice had a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation in relation to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years. The practice manager had recently identified that the required annual mechanical and electrical checks were overdue and action had been taken to arrange this. Routine maintenance was checked by the practice every six months although the frequency of this could be improved to reduce risks in not identifying issues such as oil leakage, dents and cracks. We found that training records showed all staff where appropriate, had received training for core radiological knowledge under IRMER 2000.

We saw that radiographic audits were completed regularly for each dentist. The information was managed by the head office staff and the compliance team and clinical director fed back the results to relevant staff to ensure that actions were taken in response to any findings. Dental care records included information when X-rays had been taken, the rationale and the findings. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described how they carried out their assessment of patients for routine care and we saw this evidenced in some dental care records. The assessment began with a verbal discussion about the patient's medical history, health conditions, medicines being taken and any allergies suffered. Medical histories were updated at every routine check and verbally at all other appointments. Records we reviewed confirmed this.

Patients received an examination covering the condition of their teeth, gums and soft tissues to check for 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 the clinical assessment the diagnosis was then discussed with the patient and treatment options were explained in detail. Where appropriate a health assessment using the basic periodontal examination (BPE) scores for the soft tissues lining the mouth, was used. BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on the treatment required.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. Dental care records were updated with the proposed treatment plans after discussing options with the patient. A treatment plan was always provided to NHS patients and this included the cost involved. For private and dental plan patients, dentists discussed the treatment plans and costs with them and provided a written plan if the treatment was particularly complex or costly. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Health promotion & prevention

The dentists focussed on the preventative aspects of their practice and two dental hygienists also worked alongside of the dentists to deliver preventive dental care. Patients booked consecutive appointments with the dentists and hygienist where possible. Patients were provided with health promotion advice such as the effects of smoking and alcohol on their dental health although there were no information leaflets to help support this. During their consultation adults and children were advised of the steps to take to maintain healthy teeth. This included tooth brushing techniques and dietary advice where it was appropriate. Dental hygiene products were for sale in the reception area. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice had also completed an audit to ensure that dentists were following these guidelines.

Staffing

The practice employed three dentists who were supported by four part time hygienists, a dental nurse, two trainee dental nurses a practice manager and a receptionist. The patients we asked on the day of our visit said they had confidence and trust in the dentists and this was also reflected in the Care Quality Commission comment cards we received.

We found that staff were at ease with each other and were focused on the service they were providing for patients and appeared to work effectively as a team. They told us they felt supported by the practice manager, they worked within a friendly team and had acquired the necessary skills to carry out their role. For registered practitioners this included encouragement to maintain their professional development. The practice manager monitored training records for all staff to ensure that appropriate training was completed according to their role and responsibilities. We saw that training records included training in medical emergencies, safeguarding, managing information and infection control. Staff were booked to complete training in the Mental Capacity Act in the next few weeks.

Working with other services

Dentists referred patients to other specialists in primary and secondary care services if the treatment they required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. The practice manager also maintained records so that progress could be tracked and followed through. We also saw there was a clear process to fast track referrals for patients when a cancer diagnosis was suspected.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in their dental records. A member of staff we spoke with told us they preferred to give patients their treatment options and give them a few days to consider them before returning to make a final decision. Staff stressed the importance of clear communication to explain care and treatment so that patients were supported to make informed decisions.

The practice had an appropriate consent policy in place. We spoke with the dental staff about how they implemented the principles of informed consent. We found that the knowledge of consent and specifically, the Mental Capacity Act 2005 and Gillick competency, varied among staff. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Gillick competency is a test to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff were able to discuss an example of an older patient who was supported by a family member when attending so that the patient could be supported to make informed choices about their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main reception area and we saw that doors were closed at all times when patients were with dentists. This prevented conversations between patients and dentists from being overheard and protected patient's privacy. Patients' dental records were stored electronically and computers were password protected and regularly backed up. The computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 15 completed CQC comment cards and obtained the views of three patients on the day of our visit. All of the feedback we received provided a very positive view of the service the practice provided. Many patients said they had received excellent care, consideration and treatment. They also commented that staff were happy, friendly and put them at ease.

During the inspection, we observed that staff working on the reception desk and those greeting patients were polite and welcoming.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS treatment costs was displayed in the waiting area. The practice website also gave details of the cost of NHS treatments as well as the costs of various private treatments that were available across the Southern Dental group. Information about monthly dental plans were also available at the practice. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Some audits of consent in patients' dental records had been completed to generate improvement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area had some information on display that referred to the services available at the practice. It also included information about the missed appointments and medical information policies and how to pass on comments or concerns about the service. Information about NHS treatment costs were also displayed and detailed information about the costs for private treatment were available on the Southern Dental website. Health information leaflets were very limited.

We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments to meet the demands of the registered patients. On the day of the inspection the urgent appointments were all filled. In this situation the receptionist established the patient's level of need and advised them accordingly. If the patient was in pain and required treatment that day, they were advised to attend a local dental access centre or if appropriate to approach the nearest Southern Dental practice which was 21 miles away. If the patient could wait they were advised to either call the following day or book in as a non-urgent appointment at a convenient time.

At the time of the inspection, the practice were closed to new patient registrations as they did not have capacity to meet the additional demand for appointments. The practice manager told us this was kept under constant review because the demand for dental services in the area was high. The first available routine appointment for a registered patient was in approximately one week's time. There was capacity to arrange follow up appointments and the dentists advised staff when these were required.

Staff took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment and booked the length of appointment that was most relevant to the patient's need. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice had access to a translation service if a patient had difficulty in understanding information about their treatment. Staff explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to ensure they were able to access services and consent to treatment. There was level access into the building and there was an accessible toilet and baby change facility available. Patients with a disability could be seen in the ground floor treatment rooms.

Access to the service

The practice opened from 8am each week day and had extended opening until 7.30pmon Monday and Tuesdays. The practice closed at 5pm Wednesday and Thursdays, and midday on Fridays. When the practice was closed, a recorded message on the practice telephone system advised patients where to go to seek urgent care advice. This information was also available in the practice leaflet.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed. This included the person with overall responsibility for dealing with a complaint and the timeframes for responding. Information for patients about how to make a complaint was displayed in the waiting area but was not included on the practice website. None of the patients who gave us comments about the practice had needed to make a complaint.

We spoke with staff about complaints and they told us they always tried to resolve the issue at the time if possible. If not, the concerns were referred to the practice manager who dealt with them or if relevant, passed concerns about clinical care to the relevant dentist to consider and provide a response.

The practice manager had received one complaint in the last twelve months. We reviewed the records and found this had been acknowledged in a timely way and a response provided. Learning had been shared with staff and the patient had received an apology. This had not yet been followed up and closed due to the patient's personal circumstances. Staff had received training in the management of concerns and complaints.

Data we hold indicated there had been 10 written complaints received by the NHS complaints team during

Are services responsive to people's needs?

(for example, to feedback?)

2014/2015 all of which had been upheld. The practice manager was not in post at the time and was unable to comment further. The manager was not aware of any recent NHS complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for monitoring the quality of the service at the practice with the support of a regional management team. We found that the governance arrangements were effective although improved communication between head office and the practice would strengthen systems further.

Policies and procedures were in place which covered a wide range of topics. For example, control of infection and health and safety and the management of information. We noted these were kept under review by head office and updated versions once received, were shared by the practice manager with the staff team. Staff were aware of policies and procedures and how to access them. However we also found that the incident policy required a review as it did not help staff identify and understand the differences between significant events, incidents and near miss events.

A recruitment process was in place although pre-employment checks were not fully completed prior to a new member of staff starting work. The compliance manager informed us a new process was being implemented by the corporate team to improve this.

The practice manager held monthly practice meetings with staff who were also able to contribute to the agenda. Records of these meetings included issues such as patient feedback, policy changes, health and safety and training. We noted there were no standing agenda items to promote continuity for discussing quality issues to ensure that staff remained well informed about the care they were providing.

The practice manager was the lead for health and safety. We found that systems were in place to monitor and manage the safety of the environment although there was currently no trained fire warden at the practice.

Systems were in place to ensure that the maintenance of equipment such as machinery used in the decontamination process and other electrical equipment was checked and serviced regularly. However, the process used to clean instruments with the ultrasonic washer required a review to ensure it was followed safely during busy periods.

Leadership, openness and transparency

The practice manager had overall responsibility for the day to day running of the practice and had the appropriate knowledge and skills for the role. Other leadership responsibilities were shared for example the registered dental nurse was the decontamination and infection control lead and one of the hygienists was the lead for safeguarding. Leadership support also came from a regional compliance manager and a clinical lead for the Southern Dental group who advised and reviewed the performance of the dentists.

Staff we spoke with told us that they worked well together as a team and supported one another. They told us the practice manager was very approachable and they felt able to raise any issues about the safety and quality of the service and share their ideas. They confirmed that regular staff meetings took place and the staff team met together each day on an informal basis to ensure good communication.

We found that staff were committed to providing a caring and high quality service. All staff knew how to raise any issues or concerns and were confident that action would be taken by the practice manager. A whistle blowing policy was also available and staff had signed the policy to say they would follow the duty of candour by being open and honest in their work roles.

Learning and improvement

Regular audits were completed in key areas such as infection control, dental records and X-rays in accordance with current guidelines. We also saw that checks had been completed against dentistry guidelines in delivering better oral health.

The provider also employed compliance managers who supported a group of practices. This included monthly support visits where the practice manager and staff received feedback on their general performance. A network of support for the practice managers was also being established.

Systems were in place for managing complaints, incidents and accidents. Although few had occurred to demonstrate to us that learning was identified and shared.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They also received annual

Are services well-led?

appraisals and the dentists were appraised by the Clinical Director. Training was completed through a variety of resources and media provision and accurate records of training were maintained.

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

The practice gathered ongoing feedback from patients through a corporate patient survey. Results were reviewed and reports were produced by head office every six months. The practice did not have a feedback report at the time of the inspection and sent us examples post inspection. These showed that patients were satisfied with the service overall. We did not see evidence that these were being shared with staff and patients.

The practice had participated in the NHS Family and Friends Test but the practice manager did not receive the results. The compliance manager who was present at the inspection, agreed to address this.

The practice monitored feedback on the NHS Choices website and provided a response.

All the staff told us they felt included in the running of the practice and that senior staff listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued.