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Leigh Dental Centre

Inspection Report

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Date of inspection visit: 30 June 2015
Date of publication: 23/07/2015

Overall summary

We carried out an announced comprehensive inspection on 30 June 2015 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.

Leigh Dental Centre offers NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care. Treatment and waiting rooms are on all on the ground floor.

The practice has four dentists, some are part time; they are supported by four dental hygiene therapists, dental nurses, receptionists and a practice manager. The principal dentist 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.

The practice is open between 8am to 5.30pm Monday to Wednesday. Appointments were available up to 7pm on Thursdays and the practice was open between 8am and 2pm on Fridays and Saturdays.

We spoke with three patients who used the service on the day of inspection and reviewed 49 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service. They commented that staff were caring, helpful and respectful, treatment was well explained, the practice was clean and that they had no problems getting appointments.

Summary of findings

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.
- There were effective systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- 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.
- 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.

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 infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

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.

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 such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentist and dental hygienist. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

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. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

Summary of findings

A practice 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.

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

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.

Leigh Dental Centre

Detailed findings

Background to this inspection

This announced inspection was carried out on 30 June 2015 by an inspector from the Care Quality Commission (CQC) and a specialist advisor.

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.

Space maybe?

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England, Healthwatch Southend and notifications which we had received.

During the inspection we viewed the premises, spoke with two dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of any complaints received in the last 12 months.

We obtained the views of 49 patients who had filled in CQC comment cards and we spoke with three patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures for investigating 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 saw evidence that incidents, including accidents, were documented, investigated and reflected on by the practice. Patients were given an apology and informed of any action taken.

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

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. 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)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and / or abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training and those we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any current health or medical condition, underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded electronically in the patient's dental care record.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had undertaken a sharps risk assessment to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway.

Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Records we viewed showed that staff had acted appropriately in incidents where patients felt unwell during or following dental procedures. Emergency medicines were administered and paramedic services were called where required.

Staff recruitment

Are services safe?

The practice had a recruitment policy that described the process when employing new staff. We looked at 12 staff files and found that this process had been followed. We saw that checks including employment references, proof of identity and security checks through the Disclosure and Barring Service were carried out. Checks were made to ensure that where appropriate staff were qualified and registered with the General Dental Council GDC. Staff files included copies of current registration certificates and personal indemnity insurance. (Insurance, professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had robust arrangements in place to monitor health and safety and deal with foreseeable emergencies. These included procedures for identifying and managing risks associated with infection control, medicines, premises and equipment. The practice manager and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

All areas of the practice were visibly clean and tidy. Patients we spoke with and those who completed comment cards told us that the practice was always clean. There were cleaning schedules in place for cleaning the premises and equipment. Cleaning records were maintained and these were audited regularly to ensure that cleaning was effective.

Staff were provided with personal protective equipment such as gloves, face masks and eye protection. Records showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. 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 blood borne infections.

The equipment used for cleaning and sterilising dental instruments were 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.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

Are services safe?

Dental waste was segregated, stored and disposed of in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice had procedures in place for the safe management of medicines and equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. Medicines for routine dental treatment and emergency medicines were regularly checked to ensure that they were in date. All medicines we saw were within their within their expiry dates. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out at least every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) 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. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed with the one of the dentists the information recorded in 12 patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on 49 CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Two part time dental hygienists worked at the practice. They and the dentist provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

The dental hygienists focused on treating gum disease and giving advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time. All clinical staff carried out annual medical emergencies and basic life support training. They trained together at the practice to ensure they knew their roles and responsibilities should an emergency arise.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment.

The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. The hygienist explained how advanced periodontal cases were referred for specialist treatment. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of 12 patient records and saw discussions about treatment and patients consent was recorded. Patients were provided with a written treatment plan for every treatment; this included information about the cost and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient. Where patients did not have the capacity to consent, the dentist acted in their best interests and all patients were treated with dignity and respect.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During and our visit we spoke with three patients about their care and treatment; we also reviewed 49 comment cards. All patients commented positively about dentists, dental nurses, hygienists and reception staff. They described staff as professional, friendly, understanding and caring.

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 if they were concerned about a particular patient after receiving treatment, they would contact them at home later that day or the next day, to check on their welfare. From a review of records we saw that a number of patients had been contacted following their treatment to check on their wellbeing.

Patients told us they felt listened to by all staff. We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room. Reception staff were polite and friendly in all situations

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. All staff we spoke with had an understanding of the Mental Capacity Act (MCA) 2005 and their responsibilities when providing care and treatment to patients who did not have capacity to make decisions. From records viewed we saw that this was periodically discussed at staff meetings.

Patients were also informed of the range of treatments available and their cost in information leaflets, on notices in the practice and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment and routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. A patient who we spoke with confirmed they had been given an emergency appointment that day. Staff told us each if a patient required an emergency appointment and all appointments were booked patients would be offered the option to 'sit and wait' for an appointment.

The hygiene/therapist we spoke with told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented 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 we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients. The practice was located on the ground floor. There was a ramp from street level into the surgery for people using wheelchairs or with prams.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

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 as soon as an emergency appointment could be identified. Opening hours were 8am to 5.30pm Monday to Wednesday. Appointments were available up to 7pm on Thursdays and the practice was open between 8am and 2pm on Fridays and Saturdays. Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services. Patients we spoke with and those who completed CQC comment cards said felt they had good access to routine and urgent dental care.

Concerns & complaints

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

Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. This information was available in a leaflet and on the practice website. A complaints and comments book was available within the patient waiting area. We looked at comments and suggestions recorded within this book and found that these had been responded to by the practice manager.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint within the last 12 months which had been responded to in accordance with their policy. Steps had been taken to resolve the issue to the patient's satisfaction and a meeting with the practice manager was held. We saw that a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken.

Are services well-led?

Our findings

Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks; for example, for use of equipment in the dental practice including X-ray development chemicals, fire and infection control. All the risk assessments had identified risks to health described and how to mitigate that risk also emergency treatment if exposure occurred.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of antibiotic prescribing, topical fluoride application in children and X-rays. Lead roles, for example in radiography and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members. Where areas for improvement had been identified action had been taken. There was evidence of repeat audits that clearly showed improvements had been maintained.

The practice had a well-defined management structure which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance. Patients' care records were stored electronically; password protected and regularly backed up to secure storage.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the practice manager and dentists were very approachable and available for advice where needed. The dental nurses who we spoke with told us they had good support to carry out their individual roles within the practice.

The principal dentist and practice manager provided clearly defined leadership roles within the practice. Staff told us there were informal and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists. We looked at a sample of records from practice meetings. We saw that information was shared in an open and transparent way.

Management lead through learning and improvement

The practice had arrangements for improving the service through learning. Staff told us they had good access to training and personal development. The practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support, safeguarding and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff had an annual appraisal of their performance from which learning and development needs and aspirations were identified and planned for. Staff told us that the practice manager was supportive and assisted staff in accessing relevant training.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of radiography-both the quality of X-ray images and compliance with the Faculty of General Dental Practice (FGDP) regarding appropriate selection criteria, patient records and consent. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out annual surveys. The most recent

Are services well-led?

patient survey in 2014 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS friends and family test, which is a national programme to allow patients to provide feedback on the services provided. We looked at the results from the friends and family test. We saw that 100% of patients who participated were either extremely likely or likely to recommend the practice.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.