

Hampton Court Dental Centre Partnership

Mydentist - Hampton Court - Peterborough

Inspection Report

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Date of inspection visit: 6 February 2017
Date of publication: 27/03/2017

Overall summary

We carried out an announced comprehensive inspection on 6 February 2017 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

Mydentist Hampton Court Peterborough is located in a small shopping precinct with a public car park nearby. The service provides orthodontic and general dentistry services to registered NHS patients. Some private dental treatments are also offered. The practice is based at ground floor level, with a small waiting room, three treatment rooms, and a decontamination room.

The practice is led by the practice manager and employs; two dentists, an orthodontist, an orthodontic therapist a lead dental nurse (qualified in orthodontics) and two registered dental nurses, one of which also works as a receptionist. Two additional staff cover reception duties and this includes a trainee dental nurse. Additional support is provided by an area management team and support staff based at the provider's head office.

As part of the inspection, we received feedback from ten patients from either CQC comments cards or by speaking

Summary of findings

with patients using the service on the day of the inspection. Patients said that the staff were caring and helpful and were particularly patient with children. They told us they received good care and treatment.

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'. 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.

Our key findings were:

- An accident and incident reporting system was in place although few had been reported. Staff were not clear how to recognise significant events and the policy in place did not guide them in doing so.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Emergency medicines and equipment were accessible and staff had been trained in their use in line with guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Patients told us they were able to get an appointment when they needed one and that staff were thorough, kind and helpful.
- Dentists provided dental care in accordance with current guidelines from the Faculty for General Dental Practice guidelines and the National Institute for Care Excellence (NICE).
- Staff worked well together, had good access to training and were supported to develop their knowledge and maintain their professional development.
- Governance arrangements were in place for the smooth running of the practice. This included a structured audit plan and staff training and development. However, further improvement was needed to ensure that learning from complaints, accidents and incidents were clearly documented and shared with staff.

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

- Review and strengthen the arrangements for responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE). Review staff knowledge of the national reporting requirements in relation to any adverse reactions to medicines or incidents involving medical devices.
- Review the practice's system for recording actions taken and the learning points identified as a result of accidents, incidents, significant events and complaints so that learning is maximised and quality improvements are secured. This review should also include the knowledge and understanding of staff in relation to recognising significant events.
- Review the practice's infection control procedures in relation to the cleaning of dental instruments giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review and update the COSHH file and the sharps risk assessment. This review should include the management of sharps waste bins so that the bins are not used for longer than three months.
- Review the use and accessibility of the hearing induction loop.

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.

Accidents and medical emergencies were reported although the details of the actions taken were not well recorded so that learning could be shared. Policies guiding staff in the management of incidents, accidents and significant events were not clear and staff knowledge in recognising these issues was limited. There was a process in place for managing patient safety alerts although records of actions taken were incomplete. Not all staff were confident in using the national reporting system in relation to adverse reactions to medicines or incidents in relation to medical devices. There were clear guidelines in place for reporting safeguarding concerns and staff had received relevant training. Safe recruitment procedures were in place.

Emergency medicines and equipment were readily available. The practice had good infection control procedures in place to ensure that patients were protected from potential risks. However, procedures used for cleaning dental instruments required a review in line with national guidelines. The equipment used in the practice was well maintained. Health and safety risks were well managed although the COSHH file and the sharps risk assessment required updating. X-ray equipment was well maintained and record keeping in relation to X-rays clearly documented.

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) and the Faculty of General Dental Practice Guidelines, a professional membership body that supports standards of dentistry practice. Patients received a comprehensive assessment of their dental needs which took their medical history into account. Information was provided to patients in a way they understood. Risks, benefits, options and costs were explained. Patients were referred to other services in a timely manner and staff followed appropriate guidelines for obtaining patient consent.

The staff were able to access professional training and development appropriate to their roles and an appraisal process was in place. 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.

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patients told us that staff were very friendly and helpful and ensured their dental needs were met. Staff demonstrated a caring and compassionate approach to their patients for example providing time and support to prepare a child for a dental extraction. Patients told us they were

No action



Summary of findings

provided with information about their treatment and the expected costs. Staff were clear about the importance of giving patients time to consider their treatment options and involving them in decisions about their care and treatment. Patient information and data was handled confidentially.

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 staff took steps to ensure that waiting times were kept to a minimum. When the practice was closed, information about how to access urgent care was displayed at the practice and as part of a recorded message on the telephone system. The service was accessible to patients with a disability and patients who had difficulty understanding care and treatment options were supported. A complaints policy was in place to deal with complaints in an open and transparent way and we saw examples to show that this was followed in practice and that patients had received an apology. However, a review of the complaints tracker showed that two complaints had not been closed after the practice had responded and neither had been followed up for several months to ensure timely completion. Learning actions were not recorded clearly.

No action



Are services well-led?

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

There were systems in place to monitor the safety and quality of the service although these required strengthening to ensure that records of any action or learning identified were made and shared with the team. For example through learning from accidents, significant events, and complaints. A range of audits were completed on a regular basis and were used to improve the patient experience. Practice policies were reviewed on a regular basis and these were used to underpin systems related to the provision of the service.

Overall leadership of the practice was clear and staff were aware of their own responsibilities as well as the role of others. Staff were supported to maintain their knowledge and skills through training and the annual appraisal process. The practice held regular meetings and worked closely as a team to support one another in delivering a patient focused service. Additional support was provided by the area management team and head office. Patient views were sought on a regular basis and results showed a high satisfaction with the service patients experienced.

No action



Mydentist - Hampton Court - Peterborough

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 6 February 2017 and was led by a CQC Inspector who was supported by a specialist dental advisor. Before the inspection, we asked the practice to send us some information for review and this included a summary of complaints received.

During the inspection we spoke with a dentist, an orthodontist, two dental nurses, a receptionist and the practice manager. We reviewed policies, procedures and other documents. We also obtained the views of 10

patients who used the service. This was either through CQC comment cards that we had provided for patients to complete during the two weeks leading up to the inspection or speaking with them in person during 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 and medical emergencies. The practice manager completed reporting and investigation forms and these were sent to head office. The last accident had been reported in June 2015 and appropriate action was taken. However, records of the actions taken and any learning were not clearly recorded to enable the practice manager to monitor any trends and demonstrate that learning or changes to practice had been considered and actioned. The practice manager showed us the last significant event had occurred in July 2014 when the practice lost their water supply and appropriate action had been taken by staff. We found the practice manager did not have a clear understanding of what a significant event may be. The written procedures for reporting accidents, incidents or significant events did not support staff to identify potential issues to ensure learning was shared.

A policy was in place for the reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice manager understood the basic principles of RIDDOR and reported these to head office who took action where necessary.

The practice manager received national patient safety alerts such as those relating to medicines or the safety of clinical equipment and alerts from NHS England. Any relevant alerts were printed off and actioned by the practice manager who told us they were shared with staff. There was no record to demonstrate actions for a safety alert dated September 2016. However, we were told that staff were expected to sign to say they had read and actioned the alert if necessary.

The practice manager was able to describe the principles of the Duty of Candour and how this was upheld by staff at the practice. This meant that when patients were affected by something that goes wrong, they were given an apology and informed of any resulting actions.

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. Staff had receiving training in

safeguarding adults and children. Information on the reporting process was visible and accessible to staff who were able to demonstrate sufficient knowledge in recognising safeguarding concerns.

We spoke with clinical staff to ask about the use of rubber dam for root canal treatments. 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 found these were in routine use by both dentists who worked at the practice.

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. Additional equipment for use in medical emergencies included oxygen which was sufficient for use in a medical emergency. These items of equipment were checked on a daily basis to ensure they were ready for use.

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 found that they were within their expiry dates and a member of staff checked them on a monthly basis. Staff had received update training in dealing with medical emergencies and practiced medical emergency scenarios.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental professionals' regulatory body. We found there was a detailed recruitment policy in place that 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 two recruitment files and records confirmed to us that the process was being followed. There was also an induction programme for dental nurses and reception staff which included key information such as complaints and other practice policies. We saw that relevant staff had received appropriate checks from the Disclosure and Barring Service

Are services safe?

(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. There were some substantial information folders in place for the Control of Substances Hazardous to Health (COSHH) to ensure the safe storage and management of these products. However, some of this information was out of date and the file needed to be 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 and safer sharps systems were in use. Staff knew how to take immediate action if an injury occurred and would be referred to an occupational health team. A sharps risk assessment was in place although this had not been updated since 2014. Relevant staff had received immunisation for Hepatitis B and records of this were in place.

A fire risk assessment had been completed in August 2015 and recommendations had been actioned at this time. However, it was the policy for the assessment to be completed annually therefore this was overdue for review. Firefighting and detection equipment had been serviced. Annual fire drills were in place.

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 clear infection control policy that was regularly reviewed. The lead dental nurse was named as the infection control lead and there was a dedicated decontamination room available. We spoke with dental

nurses about the decontamination process 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 required.

Infection control audits were completed every six months with the most recent audit completed in August 2016. The audit findings were considered and acted upon to promote continued improvement.

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 nurses demonstrated the decontamination process they followed from taking the dirty instruments through the cleaning process to ensure they were fit for use again. We found that the manual cleaning process for used instruments were completed under running water and not while instruments were submerged under water in a cleaning solution. The practice had one ultrasonic cleaner and we found during a busy morning that there was a backlog of used instruments that required cleaning and processing. This meant there was the potential to overload the ultrasonic cleaner which could compromise effective cleaning. This was not in line with recommendations in HTM 01 05 Essential Quality Requirements for infection control. The process of inspection, sterilisation, packaging and storage of dental instruments followed a well-defined system of zoning from dirty through to clean. Cleaned instruments were date stamped so that any unused instruments could be reprocessed if they exceeded the use by date.

There were systems in place to ensure that the equipment used in the decontamination process was working effectively. Records showed that regular daily, weekly and monthly validation tests were recorded in an appropriate log book. The dental water lines were maintained in line with current HTM 01 05 guidelines to prevent the growth and spread of Legionella bacteria (legionella is a term for a

Are services safe?

particular bacteria which can contaminate water systems in buildings). A legionella risk assessment report had been completed in June 2016 and there were no recommended actions.

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 clinical waste bags and municipal waste were properly maintained and stored securely where appropriate. However, although sharps bins were labelled and stored securely, not all staff were aware that they should be removed and disposed of after three months of use. Cleaning equipment for the premises was colour coded for use and the general cleaning was completed by a contracted cleaner who completed daily schedules.

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 firefighting equipment.

An effective system was in place for prescribing medicines and the use and stock control of the medicines used in clinical practice such as local anaesthetics. We found that the practice stored prescription pads securely and were able to track the use of prescriptions issued. The batch

numbers and expiry dates for local anaesthetics were recorded in patient dental care records. We found that not all staff were aware of the reporting system by the MHRA for reporting adverse reactions to medicines or for medical device incidents.

Radiography (X-rays)

The practice had a 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 and all newly installed equipment had been validated. Training records showed all relevant staff had received training for core radiological knowledge under IRMER 2000.

Radiographic audits were completed regularly for each dentist and action plans were formed in response to any findings. We saw that dental care records included information when X-rays had been taken, how these were justified, reported on and quality assured. 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 practice 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 for new patients included a verbal discussion with them about their medical history, health conditions, medicines being taken and any allergies suffered. This was reviewed at each routine check.

Patients received an examination to assess the condition of their teeth, gums and soft tissues and this included a 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 result was discussed with the patient and any treatment options explained to them 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.

Oral health assessment and the prevention of poor dental health were given a high priority by staff. The patient's dental care record was updated with the full details of their assessment and the proposed treatment options that were discussed with the patient. Patients received a copy of their treatment plan and were provided with information about the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements and recommended guidelines.

Health promotion & prevention

The staff used opportunities to promote dental and general health of their patients although they were not aware of the local services such as smoking cessation clinics. Patients were provided with health advice from dental staff. Adults and children attending the practice were advised during their consultation of the steps to take to maintain healthy teeth. This included patients who had attended for treatment with the orthodontist and orthodontic therapist.

It included advice about tooth brushing techniques, diet, smoking and alcohol where it was appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. There was dental health promotion information available in the waiting area to read or take away. This included caring for children's teeth and fluoride varnish treatment for children.

Staffing

The practice employed two dentists, a specialist orthodontist and an orthodontic therapist. In addition there was a practice manager, a receptionist, a lead dental nurse with an orthodontic qualification, two registered dental nurses (with one who also supported reception) and a trainee dental nurse who also covered reception duties.

Planned and unplanned staff leave was covered by other team members where possible. If it was not, staff were sought from another local practice run by the provider. The practice manager was able to provide cover for some staff at short notice. Agency staff were rarely used. An induction process was in place and more recently recruited staff confirmed they had received induction support.

There was a system in place to monitor staff training and we found evidence of this in their personal files. There was a wide range of training available that included mandatory training covering issues such as health and safety, infection control safeguarding and information governance. Staff also received training in medical emergencies and basic life support.

There was an annual appraisal system in place for all members of staff that included a review after six months. The dentists received one to one support from the area clinical support manager who was also available to advise the practice manager on any relevant issues. Staff we spoke with confirmed they received an appraisal to help them identify their training and development needs. Staff told us they felt well supported by the practice manager and they were given opportunities to learn and develop.

Working with other services

Patients were referred to other dental specialists for assessment and treatment that the practice could not offer.

Are services effective?

(for example, treatment is effective)

This included implants, sedation, complex endodontic treatment and suspected oral cancer. There was a system in place for making and recording the referrals in a timely way. Patient's needs were followed up appropriately after their treatment and dental records were updated.

The dentists we spoke with referred patients to specialists following discussion with them so that informed choices could be made where possible. Staff told us the care and treatment required was fully explained to the patient and referrals were completed promptly.

Consent to care and treatment

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in their dental records. Staff we spoke with stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. They

told us they used photographs and leaflets to help ensure patients received adequate information to make an informed decision about their treatment. They were also signposted to relevant websites if applicable.

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 staff had clear knowledge of consent and specifically, the Mental Capacity Act 2005. 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 them. Staff were knowledgeable about Gillick competence to ensure that appropriate verbal and written consent was sought for all treatments including orthodontic work. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas 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 seven 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. Patients commented that treatment was very thorough and staff were friendly and helpful.

During the inspection, we observed that staff working on the reception desk and those greeting patients were polite and welcoming. We sought examples where staff had demonstrated their caring attitudes. One example shared by a patient described specific support staff provided for a child with a learning disability who required a dental extraction. Staff spent time preparing the child by talking with them and allowing them to explore the dental instruments prior to the procedure to help them understand what would happen. This enabled the child to cope with the procedure.

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 and private treatment costs were displayed in the waiting areas. The practice website gave details of the cost of treatment for patients who opted to pay privately for treatments although it did not include information about NHS dentistry costs. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. They stressed the importance of taking time to explain the options to their patient in order to provide support to them when making decisions about their care and treatment. We saw evidence in the records to support this approach.

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 as well as how to provide feedback about the service and raise a complaint. We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments. One or two urgent appointments were held each day for every dentist. If these appointments were fully booked and the patient was in pain, reception staff asked the dentists to identify a time that they could be seen. If the patient was not in pain they were asked to call back for an appointment the following day. Alternatively the patient could also be added to a cancellation list and the reception staff would call them when the next appointment became available. On the day of the inspection, we saw that the practice were able to offer routine appointments to registered patients within two weeks. The dentists advised staff about the length of time required for each follow up appointment according to the treatment planned.

Staff also took into account any special circumstances such as whether a patient was very nervous, had a disability or required complex treatment and booked the length of appointment that was most relevant to the patient's need. The practice used reminders on the electronic records system of any special needs that should be considered for example a disability or if the patient had a heart condition. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment or an urgent appointment.

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 and some staff spoke alternative languages. Staff explained they would also help patients on an individual basis if they were partially sighted or required assistance to complete dental forms. The practice had a hearing loop available to support communication with patients who had a hearing

loss but staff were not sure how to use it. There was level access into the building and treatment rooms were on the ground floor. There was an accessible toilet and baby change facility available. Staff told us they treated all of their patients equally and with respect.

Access to the service

The practice opened from 8am until 6pm on Monday, 9am until 5pm Tuesday to Thursday and 8am until 4pm on a Friday. 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.

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 available on the noticeboard in reception and on the website. The manager was fully aware of her responsibilities in managing complaints in any format received.

The practice had received seven complaints since August 2015. We looked at three of these and found they were all acknowledged within appropriate timescales. One complaint had been concluded by a meeting with the patient and family who were happy with the outcome and apology they received. The summary information had not been transferred onto the complaints tracker so there was a clear record of the audit process or any learning that had taken place. Two other complaints we reviewed had been acknowledged and responses sent back to the patient. However, in both cases additional information was being considered by the complainants and these had not been followed up by the practice for several months. The practice manager addressed this post inspection and provided evidence of this.

We spoke with staff who told us they always tried to resolve complaints or concerns at the time they were raised. If the patients' concern could not be easily resolved they were referred to the practice manager. Staff had received training in the management of concerns and complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for monitoring the quality of the service with support from the area management team and head office. A number of policies and procedures were in place and we saw these covered a wide range of topics. For example, control of infection, health and safety, recruitment and the management of information. Staff knew where to locate policies and procedures and were able to demonstrate their knowledge and use of them.

The practice manager monitored the systems used to manage the safety of the environment which included fire safety and health and safety risk assessments. However we did find that the COSHH risk assessment and the risk assessment for the safe management of sharp instruments required updating. There was a system in place for reviewing the safety of the service through significant events, accidents, complaints and safety alerts. However the process required a review so that records of action taken and the learning used to improve the service were completed. Systems were in place for the maintenance of equipment such as machinery used in the decontamination process and other electrical equipment was checked and serviced regularly. However we found that one item used for cleaning dental instruments had not been serviced for more than a year.

Leadership, openness and transparency

The practice manager had joined the practice in September 2016. They had overall leadership at the practice and had monthly meetings with an area manager. An experienced dental nurse had overall responsibility for ensuring the decontamination process of dental instruments was being followed in accordance with guidelines. Other lead roles included first aid and the management of legionella risks.

Regular practice meetings were in place and these were led by the practice manager. These included issues such as patient feedback, significant events, health and safety and training. Staff told us they could raise issues for discussion at the staff meeting.

We spoke with five members of staff during the inspection. They told us they were part of a team who valued the

support they received from their colleagues and enjoyed working together. Staff also told us the practice manager was approachable and always made time to give them feedback. They also felt able to raise any issues about the safety and quality of the service, share their ideas and learning in an open and transparent way. All 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 clinical audits were used to inform and improve upon practice. This included audits of dental records, radiography, infection control and prescriptions. The practice also used other quality measures to improve the service through complaints and significant events.

The practice manager had completed an audit of data collected from the telephone system to identify how many patients leave messages requesting a call back. The results had been considered with staff and they had given a higher priority to answering phone calls to help improve the patient experience.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff were also supported to complete their dental nurse training. An annual appraisal process was in place and staff were supported to extend their knowledge and skills. One dental nurse had extended skills in orthodontics and another told us they were keen to complete a course in taking dental impressions. Training was completed through eLearning as well as traditional training courses and records of completion were held on staff files. The practice manager had completed a check on the progress with all mandatory training so that ongoing training needs could be monitored and reviewed.

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

The provider had an ongoing patient survey which was monitored by the practice manager. We reviewed these and found that feedback had been received from 19 patients over the last four weeks with good satisfaction scores overall. The practice manager was not able to give us any examples of actions taken in response to patient feedback.

Are services well-led?

The practice had participated in the NHS Family and Friends Test and collected the responses they received. However the practice manager had not uploaded this onto the website and was unable to say what percentage of respondents were happy to recommend the service.

Staff told us they felt included in the running of the practice, their views and opinions were listened to and they were able to contribute to team meetings and plans for the future of the service.