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Bradley Shorthouse Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 27 October 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.

Background

This report is about the service provided at Bradley Shorthouse Dental Clinic in Kidderminster town centre.

The practice has four dentists, three dental hygienists (one of whom is also a dental therapist) and nine dental nurses, one of whom is a trainee. The clinical team are supported by a practice manager and receptionist. Two of the dental nurses also work as receptionists and another is the assistant practice manager. The practice has four dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and waiting room are on the ground floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 52 completed cards. We also received information from 58 patients who filled in Share Your Experience forms on our website. Without exception patients were complimentary about the practice and their experience of being a patient there. People described receiving a professional, caring and efficient service and many commented that they could not speak highly enough of the dentists and other members of the practice team. Many patients described being listened to and feeling confident that their dentist provided treatment which met their needs.

Summary of findings

Our key findings were:

- Patients who gave us feedback were pleased with the care and treatment they received and complimentary about the whole practice team.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action. The practice used significant events to make improvements and shared learning from these with the team.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable. The practice obtained the correct information for new staff but their written policy and procedures did not fully reflect the requirements of legislation.
- Dental care records provided information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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.
- Introduce comprehensive audits of radiography at regular intervals to identify learning points and help improve the quality of service.
- Review the practice's recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems for infection prevention and control, clinical waste control, management of medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and child and adult safeguarding. The practice made immediate improvements regarding storage of medicines which need refrigeration, staff uniform arrangements and storage of used disposable sharp instruments. The practice protocols and procedures for the use of rubber dams in root canal treatment and for the handling of used sharps did not reflect published guidelines. Arrangements for fire safety, infection control, staff induction and radiography were particularly well managed.

Are services effective?

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

The practice provided dental care and treatment in an individualised way. The dental care records we looked at provided information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patients' views from 52 completed Care Quality Commission comment cards and 58 Share Your Experience forms filled in by patients using our website. We also saw the practice's NHS Friends and Family test results for April to September 2015. Without exception patients were complimentary about the practice and their experience of being a patient there. People described receiving a professional, caring and efficient service and many commented that they could not speak highly enough of the dentists and other members of the practice team. The members of the practice team we met during the inspection were friendly and spoke about patients respectfully. We saw that the dental nurses and the reception team dealt with patients in a caring and helpful way.

Are services responsive to people's needs?

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

Many patients who completed CQC comment cards and Share Your Experience forms told us they had been patients at the practice for a long time and told us they had always been satisfied with how the practice had met their needs. Many patients described being listened to and feeling confident that their dentist provided treatment which met their needs. The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required. Some patients gave us specific examples of ways in which the practice had gone out of their way to meet their individual needs.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients and we saw evidence that they responded to complaints in a positive and constructive way and used these to help them improve.

Are services well-led?

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

Summary of findings

The practice had arrangements for managing and monitoring the quality of the service. The practice manager had a good understanding of their responsibilities for the day to day running of the practice and it was evident that the staff team worked together well. All the staff we spoke with were aware of the organisational structure and leadership arrangements.

The practice had policies, systems and processes which were available to all staff.

The practice had a friendly and welcoming atmosphere and the team were committed to learning, development and improvement. The staff team were positive, professional and enthusiastic and felt valued by the provider.

Bradley Shorthouse Dental Clinic

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.

The inspection was carried out on 27 October 2015 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. We informed the local NHS England area team that we were inspecting the practice. They did not have any concerning information to provide about the practice.

During the inspection we spoke with members of the practice team including dentists, dental nurses, reception staff and the practice manager. We looked around the premises including the treatment rooms. We reviewed a range of policies and procedures and other documents and read the comments made by 52 patients on comment cards provided by CQC before the inspection and in 58 Share Your Experience forms that patients had completed using our website. We also looked at the practice's NHS Friends and Family survey results for April to September 2015.

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 written significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. We saw evidence of long established processes for staff reporting and recording accidents, incidents and near misses. Staff discussed these in one to one discussions and at staff meetings. Information about safety matters was also circulated in the practice's monthly staff newsletter which all staff received.

We saw evidence that the practice followed up accidents and other significant events, took remedial action and used these as opportunities to share learning and to improve.

The practice checked and shared information with the practice team about national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA). These came to the practice though various routes already but the practice manager had decided to also sign up to the MHRA email alert system so they would receive these direct.

The practice had developed a duty of candour policy to meet the requirements of the fundamental standards in respect of being honest and transparent with patients when things went wrong.

Reliable safety systems and processes (including safeguarding)

We asked members of the practice team about child and adult safeguarding. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults. The practice had up to date safeguarding policies and Department of Health guidance for dental professionals, for staff to refer to. We also saw contact details for the relevant safeguarding professionals in Worcestershire together with flowcharts, checklists and recording templates to aid decision making. There was a poster with details of ChildLine in the waiting room.

The registered provider was the safeguarding lead and staff were aware of this. All of the staff had completed safeguarding training appropriate to their role. This had either been by doing an online course or by attending face to face training. The practice manager told us that they planned to arrange more frequent face to face training for this subject so staff could learn together.

We confirmed that not all of the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. The practice was aware of the guidelines and agreed to review their approach regarding this.

Although they were aware of them, the dentists were not all working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. We found that on occasions dental nurses were dismantling used needles from syringes rather than the dentists. We observed that containers for disposing of needles and other sharp medical instruments stood on worktops rather than being wall mounted. The practice sent us written confirmation within 48 hours of the inspection that dentists had been instructed to dismantle used needles and certain other sharp instruments rather than the dental nurses. They also confirmed that wall brackets had been ordered for the used sharps containers and that these would be fitted within one week.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept monthly records of the emergency medicines available at the practice to enable the practice to monitor that they were available and in date.

Staff completed annual basic life support training and training in how to use the defibrillator, however, the practice team did not routinely discuss medical

emergencies at regular periods during the rest of the year to help reinforce this annual training. The team agreed that it would be beneficial to include time for this at staff meetings.

Staff recruitment

We looked at the recruitment records for three staff and the practice's recruitment policy and procedure. We saw that the practice had completed the required checks for these staff.

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out 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. We saw evidence of DBS checks for all members of staff.

Although the practice was assuring themselves of the suitability of staff they employed, the written policy did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 201. For example, it did not cover all the information that should be obtained such as reasons for leaving previous employment and evidence of conduct in previous employment involving work with vulnerable adults or with children. The practice manager said they would review the specific content of the regulation and update their policy accordingly.

There was a structured process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy, an overall practice risk assessment and risk assessments about specific topics. These included a specific risk assessment for trainee dental nurses. We saw that this had been completed for the two newest members of the team.

There was a fire risk assessment which had been updated annually and staff took part in fire drills and did fire safety training using an online training course. The practice was in the process of obtaining quotes to upgrade the fire alarm system in the building. We saw comprehensive records showing that staff carried out daily, weekly and monthly tests and checks of the various fire safety precautions.

The practice had detailed information about the control of substances hazardous to health (COSHH). One of the dental nurses had delegated responsibility for maintaining and updating COSHH records and we saw that they did this conscientiously regarding new products. We noted however that some information in the COSHH file dated back several years and highlighted the potential to archive information about products no longer in use.

The practice had a comprehensive business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. This included arrangements for support from another practice for patients in pain or whose appointments should or could not be cancelled. All staff had electronic access to this offsite as well as at the practice so they had the information in the event that they were unable to enter the building.

Infection control

The practice used a cleaning company for general cleaning of the building which was visibly clean and tidy. A number of patients who completed CQC comment cards specifically commented on their satisfaction with standards of cleanliness and hygiene. The practice and cleaning company had established procedures and records to ensure that various cleaning tasks were completed at as necessary. The records included cleaning diaries in each treatment room which the cleaner filled in every day. Staff told us that there were plans to redecorate to improve wall surfaces and make them easier to clean. Some rooms had period features including ornate wooden panelling which was attractive but could trap dirt and dust. We checked this and found that it was very clean and was included on the cleaning schedule.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using the Infection Prevention Society format.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that the practice was meeting the HTM01- 05 essential requirements for decontamination in dental practices.

Are services safe?

Decontamination of dental instruments was carried out in a separate decontamination room. The room was spacious and well organised. The separation of clean and dirty areas was clear in both the decontamination room and in the treatment rooms. We observed that the dental nurses worked well as a team to ensure the decontamination arrangements were effective.

We observed the dental nurses during all stages of the decontamination process and saw that the practice's processes for transporting dirty instruments to the decontamination room, cleaning, checking and sterilising were in line with HTM01-05 guidance.

When staff had cleaned and sterilised instruments they packed them and stored them in sealed and date stamped pouches in accordance with current HTM01-05 guidelines. The dental nurses kept records of all of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

The practice had a legionella risk assessment carried out by a specialist company every two years and they carried out temperature checks daily and monthly. Legionella is a bacterium which can contaminate water systems. We highlighted that the most recent report, sent to the practice in July 2015, had some outstanding actions. These related primarily to a water tank in a part of the building which was now owned by the provider. The practice used an appropriate chemical to prevent a build-up of legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. We observed that sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected. Spillage kits were available for mercury spills and for any bodily fluids that might need to be cleaned up.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This included the information to provide for patients regarding having a blood test carried out. The practice managers had a structured system for recording the immunisation status of each member of staff.

We observed that staff changed their upper clothing on arrival at the practice but did not change their trousers or shoes. We also noted that uniform tops were hung on hooks with outdoor coats and handbags. We discussed the potential for cross infection as a result of this. Within two days of the inspection the provider sent us confirmation that new uniforms had been ordered and alternative storage and staff changing options were being organised. All staff had been reminded that they must only wear their clinical clothing in the practice.

We noted that the cover on the headrest of one dental chair was split and the foam padding was exposed. This could pose a risk of cross infection as it would prevent effective cleaning and disinfecting.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and the practice boilers.

Prescription pads were stored securely and the practice kept a record of the blank prescriptions in stock. These were allocated in very small numbers to enable the use of these to be monitored. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

We noted that the practice was storing medicines and dental materials in a refrigerator used by staff to store food. Medicines should not be stored in domestic fridges or with food items. The practice immediately purchased a medicines refrigerator and sent us a photograph to evidence this within 48 hours of the inspection. They also confirmed that temperature monitoring records had been set up.

Radiography (X-rays)

Are services safe?

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were very well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date. Because some paperwork could not be found the practice had arranged for the servicing to be repeated to ensure all the equipment was safe to use. The practice had excellent protocols setting out staff responsibilities for all aspects of taking and processing X-rays and disposing of the chemicals used for this.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

The practice had records showing the quality grading of all X-rays taken each month by each clinician. Dental records showed that X-rays were always justified, graded and reported on to help inform decisions about treatment. The practice had not fully audited this process but confirmed they would do so in future.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke described how they assessed patients and confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). They were aware of and putting into practice the Delivering Better Oral Health guidelines from the Department of Health. They showed a caring and thorough approach to patients' care and treatment. They gave each patient a treatment plan based on their individual needs and which included the cost involved. We saw examples of suitably detailed treatment plans for patients according to the complexity of the treatment they needed. Patients were asked to complete an up to date medical history form at the start of a course of treatment and the dentist checked at each appointment that there had been no changes. We looked at a sample of dental treatment records. These contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment.

Health promotion & prevention

There were leaflets and posters in the waiting room about various topics including infection prevention, obtaining help to stop smoking and the services offered at the practice. A range of dental care products were available for patients to buy and a price list was displayed. We saw that information about oral health was clearly recorded in dental records and that the practice used the dental hygienists and dental therapist effectively. Staff integrated information about improving oral health into their overall approach to the care and treatment provided.

Staffing

The practice aimed to ensure staff members had the skills and training needed to perform their roles competently and with confidence. The practice manager had a structured process for monitoring that members of the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). Staff had received annual appraisals and had personal development plans (PDPs). We saw training certificates for staff which evidenced that staff had completed a wide range of clinical and health and safety related courses. One of the staff files we sampled showed how their training had progressed over time in line with their PDP.

We saw evidence that new staff received training in mandatory subjects such as infection control, fire safety and safeguarding early in their employment and that the practice had a structured, competency based induction process.

Working with other services

The dentists referred patients as needed to the dental hygienists and dental therapists employed at the practice and to external professionals when necessary. This included referrals for orthodontic treatment, complex periodontal and root canal treatment and for investigations in respect of suspected cancer. We saw an example of one of the dentists identifying and pursuing a concern which resulted in a patient being successfully treated for mouth cancer. The practice also made referrals to other services for patients unable to manage the access into the building or who needed particular assistance with dental care due to other support needs such as learning difficulties. It was the practice's policy to ask patients if they wanted a copy of their referral letter.

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for both private and NHS patients where necessary. The clinical staff we spoke with showed an understanding of the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

The practice had written policy and guidance for staff about the Mental Capacity Act 2005. This included training provided about treating patients who lacked understanding regarding the care and treatment they might need. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 52 completed Care Quality Commission comment cards and Share Your Experience forms that 58 patients had completed using our website. The overall picture we gained from patients was very positive. Without exception patients were complimentary about the practice and their experience of being a patient there. People described receiving a professional, caring and efficient service and many commented that they could not speak highly enough of the dentists and other members of the practice team. The dentists, reception staff and dental nurses we met during the inspection were friendly and spoke about patients respectfully. We saw that the dental nurses and the reception team dealt with patients in a caring and helpful way.

We saw that staff files contained signed confidentiality agreements.

Involvement in decisions about care and treatment

Many of the patients we received information from confirmed that their dentist listened to them and explained the care and treatment they needed and checked they understood. This approach was evident in our discussions with the dentists and dental nurses and from the dental records we saw. In particular we observed staff having conversations with children which showed a kind and effective approach which put them at their ease and led to them asking questions about their care.

New patients were given a welcome leaflet telling them about the practice team and their approach to dental care. Further information was available on the practice website and in leaflets at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 52 completed Care Quality Commission comment cards and Share Your Experience forms that 58 patients had completed using our website. The overall picture we gained from patients was very positive. A number told us they had been patients at the practice for a long time and told us they had always been satisfied with how the practice had met their needs. Many patients described being listened to and feeling confidence in that their dentist. The practice ensured that patients unable to use stairs had their appointments in a ground floor surgery. Patients could access treatment and urgent and emergency care when required. Some patients gave us specific examples of ways in which the practice had gone out of their way to meet their individual needs.

There was information for patients in the waiting room. This included details of NHS and private charges and details of monthly dental payment scheme available to patients. The practice sent new patients a welcome letter and a selection of information leaflets about the service provided at the practice.

Tackling inequity and promoting equality

Staff told us that they had very few patients who were not able to converse confidently in English but if necessary they had access to an interpreting service or a computer translation programme to assist with communication. Some patients chose to bring a family member with them to interpret for them.

The practice building was in a row of converted houses and parts of the overall structure were not owned by the practice. It had been assessed in respect of access for patients with disabilities but had some external steps. There were also steps near the building which the practice was unable to modify because they were part of a public footpath. The reception, waiting room, an accessible patients' toilet and one of the four treatment rooms was on the ground floor although this also had a step down into it. Reception staff told us that they always booked patients with restricted mobility to be seen in the ground floor treatment room. There was a bell outside which patients needing help into the building could use. Alternatively the practice referred patients with more significant disabilities to a nearby practice with full access for patients with physical disabilities or to an NHS community dental service.

The practice had an induction hearing loop to assist patients who used hearing aids. Reception staff explained that they printed information in large print for patients if they needed this.

Access to the service

Information from patients described a responsive service where patients found it easy and convenient to get routine and urgent appointments.

The practice was open Monday to Friday at the following times –

Monday, Wednesday – 7.45am to 5.30pm

Tuesday – 8.45am to 5.30pm

Thursday – 8.45am to 5.30pm

Friday – 7.45am to 3.45pm

Appointment times started and ended approximately 15 minutes before and after these times to enable staff to set up for the day and close down at the end of the afternoon.

Reception staff confirmed that the lengths of appointments varied according to the type of treatment being provided and were based on treatment plans. They explained that the dentists or dental nurses came to reception to let them know how long a patient's appointment needed to be. They showed us that emergency appointments were kept free at 9am and 2pm every day for each dentist so the practice could respond to patients in pain. They told us they could invariably fit patients in on the day they contacted the practice.

Patients could phone or email to book appointments and the practice sent reminders by text, email or letter depending on patients' preference.

The practice provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the NHS 111 number when the practice was closed. A separate out of hours telephone number was available for private patients to use.

Concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a complaints policy and procedures, and information leaflets for NHS and private patients. These provided information for patients about who to contact if they had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England, the General Dental Council and the Dental Complaints Service (for private patients) were included.

Staff told us that complaints were discussed at practice meetings and we saw this was a standing item on staff meeting agendas. We saw from the records that complaints were used by the team to look at how they did things and make changes or improvements if needed.

We looked at the records of formal complaints. The practice had a structured format for recording the content of each complaint, the action taken, any follow-up action and the final outcome. This provided an overview of the timescale within which each complaint was dealt with.

The practice kept data of all the complaints received to monitor the reasons for patients complaining. This data showed that the practice had received only 24 complaints in nine years and only three since October 2014. In each case we saw that the practice had responded promptly, had written to patients and agreed a response based on the individual case. One complaint had been escalated by a patient to the Dental Complaints Service a national body which looks into complaints made regarding privately funded dental care. We saw that they had concluded that the practice had acted appropriately in the matter.

Are services well-led?

Our findings

Governance arrangements

The practice had a practice manager who supported the provider in the day to day running of the practice. There was a clear management structure and staff understood their roles and responsibilities.

The practice's statement of purpose outlined their aim to provide a high quality service and had a range of policies and procedures to support them in this. These were available as paper copies and on the practice computer system for all staff to refer to as needed.

The monthly staff newsletter was used to keep staff informed of updated or new policies and procedures and regular staff meetings took place approximately every four to six weeks.

The practice is a member of the British Dental Association Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

Leadership, openness and transparency

The practice had clear arrangements for the support and management of the practice team. Staff felt well supported by the practice manager and clinicians and enjoyed working at the practice. The practice was long established and most of the team had worked there for between three and 25 years and there was a strong sense of team spirit within the practice.

Management lead through learning and improvement

There was a friendly and supportive atmosphere at the practice and the team were committed to learning, development and improvement. Training and staff appraisals took place and the practice used staff meetings for training and development as well as for information sharing.

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

The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for April to September. These showed that from 29 responses 22 patients were 'extremely likely' to recommend the practice and seven were 'likely' to do so. All the additional comments patients made with the exception of one negative remark about reception staff. All 110 patients who completed CQC comment cards or Share Your Experience forms made only positive comments about any of the practice team. The practice shared the Friends and Family results each month in the staff newsletter.

Staff we spoke with felt they were listened to and would be able to voice their views or raise any concerns about the practice if they needed to.