

Dr S Khorami Ltd

Southwater Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Southwater Dental Surgery is located on the first floor above Southwater Health Centre in the town of Southwater. It is accessible via a lift. The practice provides private and NHS dentistry. The practice comprises of two dental treatment rooms, an office, a combined reception and waiting area and separate patient waiting room.

The practice employs a principal dentist, a foundation dentist, two part time dental hygienists, two qualified and one trainee dental nurses and two part time receptionists.

The practice is open Monday to Friday 9am to 6pm. Out of hours details are available on the practice answerphone when the practice is closed.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

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 principals, 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.

We reviewed 37 completed Care Quality Commission (CQC) comment cards and obtained the views of seven

Summary of findings

patients on the day of the inspection. Patients commented that staff were friendly, professional and caring; that the service they received was efficient and excellent.

Our key findings were:

- The practice appeared visibly clean, was bright and clutter free.
- Staff were welcoming, professional and kind.
- There was appropriate equipment for staff to undertake their duties. All equipment was well maintained.
- Staff had been trained to deal with medical emergencies and most emergency medicines and equipment were readily available as per British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The practice did not have glucose available, for use in the event of a low blood sugar emergency, and were due to replace this.
- Patients were able to make routine and emergency appointments when needed.
- Infection control procedures protocols were suitable taking into account 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'.

- Clinical staff had the necessary skills to carry out their duties in line with the requirements of their professional registration.
- Governance arrangements were in place for the smooth running of the practice.
- Information from 37 completed Care Quality Commission (CQC) comment cards gave an entirely positive picture of a friendly and caring service.

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

- Review the availabilities of medicines to manage medical emergencies taking into account guidelines issued by the British National Formulary and the Resuscitation Council UK.
- Review the systems for maintaining patients' dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping in respect of the documentation of consent.
- Review safeguarding training provision for non clinical staff.
- Review the use of the Friends and Family Test and display the results for patients to see in accordance with the guidelines provided by the NHS.

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 operated effective systems for recording and reporting significant events and accidents. Staff had a good understanding of necessary policies and procedures to follow including the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013.

The principal dentist acted as the safeguarding lead and all staff understood their responsibilities for reporting any suspected abuse.

Staff were confident in dealing with a medical emergency, but glucose was missing from the emergency medicines kit.

Staff were suitably qualified for their roles and staff were meeting the regulations as set out by the dental professionals' regulatory body, the General Dental Council (GDC).

The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

Essential quality requirements for infection control were being met. Equipment checks were carried out in line with the manufacturer's recommendations and medicines were stored appropriately. All elements necessary for the safe working of X-ray units were present.

No action



Are services effective?

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

The dental care provided at the practice focused on the needs of the patients. The practice integrated current professional guidance such as that issued by the National Institute of Care Excellence (NICE).

The practice updated patients' medical histories at each examination. Patients' oral health was monitored and the practice was committed to providing a minimally invasive approach to treatment through promoting better oral health.

Staff maintained their continuing professional development (CPD) training appropriate to their roles and learning needs. Dentists referred patients onto primary and secondary services as necessary.

All staff understood the principals of informed consent, but consent at each appointment was not always documented in patients' dental care records.

No action



Are services caring?

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

We reviewed 37 CQC comment cards and obtained the views of seven patients on the day of the inspection who had recently received treatment at the practice. They gave an entirely positive

No action



Summary of findings

view of the practice. Patients commented on the kind, caring, professional and excellent service they received. We observed staff being very welcoming and friendly when patients came in to the practice. It was evident that the staff knew their patients and maintained good patient-dentist relationships.

The practice upheld the principals of confidentiality and patients reported that they were treated with dignity and respect.

Are services responsive to people's needs?

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

The practice had a well organised booking system to respond to patients' needs. There was an effective system for dealing with patients' emergency dental needs and patients with pain were always seen at short notice.

There was a procedure for responding to patients' complaints and this information was clearly visible for patients attending the practice. Information on the fees for both private and NHS treatment was clearly displayed.

No action



Are services well-led?

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

Leadership at the practice was provided by the principal dentist. The governance arrangements such as policies and procedures for the practice were in place. All staff had a good understanding of necessary procedures and protocols to follow with regards safeguarding, medical emergencies and serious incidents. The culture of the practice encouraged openness and the team worked closely to support each other. Staff commented that they felt listened to and that their learning needs were supported. The practice actively sought feedback from staff.

Communication within the practice was effective and due to the small size of the practice and the part time work force formal team meetings were not always possible. There were effective systems in place to ensure that staff members were kept up to date and any learning was shared. Necessary audits had been completed.

The practice ethos focussed on providing patient centred care and patient feedback was sought verbally and through utilising the NHS Friends and Family Test (FFT). A patient satisfaction survey had also been carried out demonstrating a high level of patient satisfaction.

No action



Southwater Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 15 December 2016 by a CQC inspector who was supported by a specialist dental advisor.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection, we spoke with the principal dentist, a dental nurse, a hygienist and a receptionist. We reviewed policies, procedures and other documents. We also reviewed 37 comment cards that we had left prior to the

inspection, for patients to complete, about the services provided at the practice. We obtained the views of seven patients on the day of the inspection. We carried out a tour of the practice observing the decontamination procedures for dental instruments. We looked at the storage of emergency medicines and equipment. We were shown the systems which supported patients' dental care records.

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 an effective system for the reporting of and learning from serious incidents. All staff we spoke with had a good understanding of the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013. All staff were clear in the actions they should take should a serious incident happen at the practice.

The practice had a significant events and accident reporting policy which had been reviewed within the last year. We saw the practice accident book. No accidents or significant events had occurred within the last year.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). We were informed that these were shared with staff using a notice board or discussed at staff meetings.

Staff knew the principals of Duty of Candour when prompted and patients were told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had effective safety systems and processes; and was proactive in its approach to preventing risk. The practice policy for the prevention and management of blood-borne virus exposure was reviewed in December 2016. We spoke with the principal dentist about the prevention of needle stick injuries. They told us that the practice re-sheathed needles in an appropriate manner and that needles were disposed of manually. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. There had been no sharps injuries in the last 12 months. The practice had a sharps risk assessment which was reviewed in December 2016. Used sharps containers were collected by an appropriate waste disposal company.

We asked the principal dentist how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed guidance issued by the British

Endodontic Society in relation to the use of a rubber dam where practically possible. A rubber dam is a thin sheet of rubber, usually latex-free, 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.

The principal dentist acted as the safeguarding lead and as a point of referral should a safeguarding issue be encountered. A policy was in place for staff to refer to which contained the necessary contact details and protocol should a member of staff identify a person who may be the victim of abuse or neglect. The policy had been reviewed in the last 12 months. Staff demonstrated a good understanding of safeguarding issues and the protocols to follow. Training records showed that some staff had received necessary safeguarding training. Non clinical staff had not received safeguarding training. This was brought to the attention of the principal to consider training provision available. Staff gave an example of a child safeguarding issue they encountered. The practice policies and protocol were followed and the issue was handled diligently.

Medical emergencies

The practice had appropriate arrangements to deal with medical emergencies and the medical emergencies policy had been reviewed within the last year. All staff were up to date with their medical emergencies training and when asked were confident in how they would deal with a medical emergency. The practice had an automated external defibrillator (AED). 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.

The practice had access to emergency oxygen and all other equipment as set out in the Resuscitation Council UK guidelines and this location was known by all staff. The working conditions of the oxygen cylinder were checked as per the guidelines. Most emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice were present and all were in date. The practice did not have oral glucose, for use in the event of a patient suffering a low blood sugar emergency. This was ordered during the inspection day.

Are services safe?

The practice had a system for checking the stock and expiry dates of medicines and for checking the servicing requirements of the oxygen cylinder and AED. Logs for these checks were seen.

Staff Recruitment

The practice employed a principal dentist, a foundation dentist, two part time dental hygienists, two qualified and one trainee dental nurses and two part time receptionists.

All clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a structured recruitment process and a recruitment policy which had been updated recently. The policy detailed the checks to be undertaken before a person started work and conformed to regulatory guidance. These included proof of identity, establishing the right to work in the United Kingdom, professional body registration, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and obtaining references.

The recruitment policy set out the induction programme that staff would be required to complete when commencing work. This set out a general orientation to the practice with a review of fire procedures, health and safety at work policies and other tasks for new starters to complete.

We viewed the recruitment records for all staff. All qualified staff had the necessary indemnity insurance certificates and all staff had received a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service 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.

Monitoring health & safety and responding to risks

The practice had effective arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. The health and safety risk assessment had been reviewed recently. As a result of the assessment some flooring in the practice was made anti-slip and new waste disposal bins were purchased.

The practice had a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. This was updated with new risk assessments as required although the practice policy on COSHH was out of date.

The practice had a business contingency policy, although this was not personalised to the practice. We brought this to the attention of the principal who told us that this would be reviewed.

The practice had considered the risk of fire and the management of fire safety systems were shared with the health centre also occupying the premises. The health centre had overall responsibility for fire safety for the premises. A fire risk assessment had been completed by an appropriate company and this had been reviewed within the last year. Information on fire evacuation procedures and the assembly point was visible in the patient reception and waiting areas. Fire extinguishers were situated at appropriate locations and had been serviced within the last 12 months. Staff were aware of the evacuation procedures to follow. Fire alarms and fire emergency lighting had all been checked within the last 12 months.

Infection control

The practice had systems in place to reduce the risk and spread of infection within the practice. An infection prevention audit was carried out in December 2016 alongside an audit of hand washing. The practice had an infection prevention policy which underpinned the procedures staff followed. The practice took all necessary precautions to mitigate any risks arising by ensuring that all necessary staff had been immunised against blood-borne disorders.

We found that all treatment rooms, waiting areas and reception and toilet were very clean, tidy and clutter free. Dirty to clean zones were clearly defined in all treatment rooms. Each treatment room had the appropriate personal protective equipment available for staff to use. This included protective gloves, masks, aprons and eye protection. Decontamination was carried out in each treatment room when patients were not being treated.

A dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments. Instruments were manually cleaned then inspected under

Are services safe?

a light magnification device and then placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were then packaged and date stamped until required in accordance with HTM 01-05 (national guidance for infection prevention control in dental practices).

We were shown the systems to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

A cleaner was employed to carry out the environmental cleaning of the premises on a daily basis. Environmental cleaning schedules reflected this. The practice cleaning plan was reviewed annually and the environmental cleaning followed national colour coding scheme on the cleaning of health care premises.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Clinical waste was kept in separate locked containers with all necessary risk assessments having been completed. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice employed a recognised healthcare waste contractor to remove clinical waste from the practice. Consignment notices for this were seen.

We saw that a legionella risk assessment had been carried out at the practice within the last year. Dental unit water lines were maintained to prevent the growth and spread of legionella bacteria, although these were not flushed between patients, which is a recommendation of HTM 01-05. Water temperature had been recorded on a weekly basis as per the recommended procedures outlined in the risk assessment and digitally logged. These measures ensured that patients and staff were protected from the risk of infection due to legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw that the practice had a suitable amount of instruments. All instruments labelled as single use were

used once and discarded appropriately. The practice had plenty of personal protective equipment (PPE) available such as protective gloves, masks and eye protection as per its PPE policy.

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, we saw records that all necessary tests were being carried out on the autoclave. We saw maintenance and service certificates for all essential equipment, which had been carried out within the last 12 to 14 months. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing (PAT) was due to be carried out having last been completed in 2015.

We saw that the practice had suitable equipment to deal with minor first aid problems and bodily fluids and mercury spillage safely in line with the practice policies.

Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR 1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER 2000). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary records relating to the maintenance of the X-ray equipment. Included in the file were copies of the Health and Safety Executive notification, the critical examination packs for each X-ray set along with the maintenance logs, and a copy of the local rules. The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient; and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely. The X-ray units were contracted for safety and performance checks with an approved company.

We saw training records that showed that staff had completed the necessary radiography training to maintain their knowledge under IRMER 2000 and IRR 1999 regulations. A radiography audit had been carried out within the last year. This demonstrated that staff were justifying, reporting on and quality assuring their X-rays as well as documenting the outcome for the patient. The

Are services safe?

practice also had a cone beam computed tomography machine; a special type of X-ray equipment. A written protocol outlining the exposure parameters and patient positioning was seen for this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the principal dentist on the day of our inspection. They told us that their consultations, assessments and treatments were carried out in line with recognised professional guidance. The practice was committed to providing a high standard of dental care to patients.

The dentist started the patient assessment by reviewing the patient's medical history. This included noting any medical conditions suffered, medicines being taken and any allergies the patient had. The dentist asked about the presenting complaint and reason for attendance. They then examined the patient's teeth, gums and soft tissues and signs of oral cancer were checked. The dentist carried out a periodontal examination which included using screening tools such as the Basic Periodontal Examination (BPE) and a caries risk assessment. These are widely used tools to assess the risk of dental decay and conditions of the gums. These findings together with the findings of any X-rays taken would then be used to determine a diagnosis, formulate a treatment plan and determine at what intervals patients would need to attend for further checks and screenings. We saw evidence in patients' dental care records that treatment options were discussed with patients. Recall intervals were based on patients' clinical needs and followed National Institute for Health and Care Excellence (NICE) guidelines.

Health promotion & prevention

The principal worked very hard to encourage the prevention of dental disease and the maintenance of good oral health. The practice appointed dental hygienists to work alongside the dentist to facilitate this. The practice was committed to adopting the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. We saw evidence in patients' dental care records that where relevant, preventative dental information such as general oral hygiene instructions and brushing technique advice was given as well as advice on smoking cessation and alcohol consumption. Several patients commented on the service provided by the hygienists and frequently commented on the helpful advice given to promote good oral hygiene.

A wide range of information on health promotion, oral hygiene and children's oral health was available in the waiting room.

Staffing

The practice employed a principal dentist, a foundation dentist, two part time hygienists, two qualified and one trainee dental nurses and two part time receptionists. There was an induction programme for new staff members to complete to ensure that they had the necessary skills for their role. Staff completed all core continuing professional development (CPD) training together and we saw records for the professional registration and indemnity cover of all applicable staff. We found that the appraisals for staff were overdue. We brought this to the attention of the principal.

All staff reported that they felt the practice had the right level of staff to meet its patients' needs as staff worked together to provide cover if and when it was necessary.

The feedback we received from patients via the comments cards and information obtained on the day reflected that patients had confidence and trust in the clinicians.

Working with other services

The dentists explained to us how they would work with other services. We saw that there was a good online referral process to primary and secondary services in Sussex. The referral details were recorded and evidence was seen of referral letters to specialists. We saw evidence that the referrals were tracked and recall time frames followed those set out in National Institute for Care Excellence (NICE) guidelines.

Consent to care and treatment

We spoke with the principal dentist who said consent was gained verbally at each dental appointment. We reviewed patients' dental care records and found that consent was not always documented. We brought this to the attention of the principal who told us that they would review their systems to ensure that this information is documented at each appointment. We saw evidence that the dentist explained individual treatment options, risks, benefits and costs in a thorough manner.

Staff demonstrated an understanding of the principals of the Mental Capacity Act (MCA) 2005. We saw evidence in the staff records of attendance at MCA training. Staff told us

Are services effective?

(for example, treatment is effective)

how its guidelines would influence their work with patients who may suffer from any mental impairment that may mean they might not be able to fully understand the implications of treatment.

Staff were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. The Gillick competency test is used to help

assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The practice's consent policy had been reviewed in April 2016.

Clear information on any costs of treatment was available in the patient waiting areas.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice upheld the principals of confidentiality and data protection although the practice confidentiality policy itself was not dated; therefore we could not establish if it had been reviewed.

Treatment doors were kept closed so that patients' privacy was maintained. Computers were password protected and regularly backed up. The reception computer screen was not visible to patients. Paper records were stored in lockable cabinets. The practice had a separate patient waiting room which meant that the potential for overhearing conversations was minimised but handled appropriately when it was unavoidable.

Staff commented that they felt their strength was in welcoming patients and helping to put them at ease. Before our inspection, Care Quality Commission (CQC) comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also obtained the views of seven patients on the day of the inspection. We received feedback from 44 patients which confirmed the views of staff and provided a very positive

view of the service the practice provided. Patients told us that the care they received could not be faulted, that all members of staff were friendly, welcoming and reassuring. Additionally, patients told us that staff were always accommodating and treated them with dignity and respect. During the inspection we observed staff in the reception and waiting area. Staff were observed to be polite, friendly and provided a welcoming and relaxed greeting.

Involvement in decisions about care and treatment

We saw evidence in the dental care records we looked at, that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started. We saw that clear information was given to patients on any fees applicable and was also visible in the patient waiting area. In feedback we received from patients they told us that treatment was explained thoroughly and that they were given time to think about any treatment options.

Information about any applicable charges was provided in the practice information leaflet as well as on an information board in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During the inspection we reviewed the wide range of information that the practice had available for patients. This included information on opening hours, out of hour's access, complaints, NHS and non NHS charges, health promotion and maintaining oral hygiene. The practice also had an information leaflet for patients. We found that the practice was well equipped to treat patients and meet their needs.

The practice understood its patient population well and worked hard to stabilise patients' dental problems. Patient recall reflected need. The practice had a well organised booking system with no evidence of overbooking. This included dedicated daily emergency appointments allowing patients in pain to be seen the same day. Where appointments were very busy patients could wait in the practice and would be seen during the dentists' lunch. In feedback to us patients commented on the ease of getting an appointment if they were in pain. The dentists decided how long a patient's appointment needed to be and took account of any circumstances which may have impacted upon the length of time needed such as patient nervousness or complexity of treatment

Tackling inequity and promoting equality

Staff at the practice told us that they worked to ensure equality of the services they provided to their patients. The staff knew their patient population well and would make any necessary arrangements for patients who required a chaperone or for whom English was not the first language.

A lift was available to use through the health centre meaning that the practice was accessible for any patients using a wheelchair as well as patients with mobility impairments and parents/carers using prams. Details on access were available in the practice information leaflet.

Access to the service

The practice was open Monday to Friday 9am to 6pm. Two part time hygienists were available on Tuesdays, Wednesdays and Thursdays with the occasional Friday. Out of hours contact details were available on the practice answerphone when the practice was closed and in the practice information leaflet.

The practice told us that they would arrange to see a patient on the same day if they were in pain or if it was considered urgent. Patients were able to access information on opening hours and the out of hour's service by ringing the practice and through the telephone answering message when the practice was closed.

Concerns & complaints

The practice had a clear complaints policy and procedure which had been reviewed within the last year. This set out how complaints would be addressed, who by and the time frames for responding. The contact details for external agencies such as NHS England and the Dental Complaints Service were also provided. Information for patients about how to make a complaint was seen in the waiting areas and in the practice information leaflet.

The practice had one complaint within the last year. All aspects had been investigated as per the practice complaints procedures.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the practice and the head nurse was involved in governance arrangements and acted as the infection control lead. We found that the governance arrangements for the practice were organised and effective. All of the staff we spoke with were aware of the necessary procedures to follow and there were systems in place to ensure that all staff were made aware of any updates in the day to day practicalities of running the practice.

Leadership, openness and transparency

Leadership was provided by the principal dentist. The practice ethos focussed on understanding the needs of the practice patient population and providing patient centred care in a relaxed and friendly environment. The culture of the practice encouraged candour. It was evident that the staff were happy working at the practice and worked as a close team. Staff told us that communication between management and staff was very open and transparent. There was no policy related to Duty of Candour. However, staff we spoke with said that they felt listened to and supported in their roles and comfortable and confident to raise any concerns they may have, but that they rarely had any concerns.

Learning and improvement

The practice organised an induction programme for new staff members. This was structured and thorough. The practice carried out all core continuing professional development (CPD) training together as a practice;

therefore the principal could be assured that all staff were maintaining their CPD in line with the requirements of their registration. Appraisals for staff at the practice were overdue and we brought this to the attention of the principal.

Due to the small size of the practice and given that most staff worked part time the practice held formal staff meetings on an ad hoc basis. Any minutes would be printed and placed in the office for staff to read. Informal conversations were held on a very frequent basis and notice boards used to share information to ensure that staff were kept up to date. Staff were requested to sign to state that they had read and understood any updates.

The practice undertook all necessary audits including those for infection prevention and radiography.

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

Staff reported that they were encouraged to give feedback to the principal and that they were happy and confident to do this. They told us that this was acted on quickly.

The practice had completed a patient satisfaction survey within the last year. This demonstrated a high level of patient satisfaction with the practice. However, there was no action plan described to further improve the level of satisfaction. The principal could review this.

The practice undertook the NHS Friends and Family Test (FFT). This is a feedback tool that supports the principal that people who use NHS services should have the opportunity to provide feedback on their experience. The practice did not display the results of the FFT and will consider reviewing this.