Dr. Andre Louw

Dr Andre Louw - Bridgwater

Inspection Report

Taunton Road Dental Practice
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Overall summary

We carried out an announced comprehensive inspection on 28 July 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.

Taunton Road Dental Practice provides general NHS dentistry and some private dental services to people living in Bridgewater and the surrounding areas. The practice has about 6000 patients from a wide catchment area surrounding Bridgewater with some patients travelling long distances to attend appointments. There is easy access into the practice with parking outside and close by. The dental treatment and hygienist rooms are on the first and second floors and there is a separate decontamination room on the ground floor.

The practice has four treatment rooms with five dentists including a foundation dentist; four dental nurses and a trainee dental nurse and a dental hygienist who works part-time. The dental teams were supported by two part time practice managers and two receptionists. The practice is open from 8:30 am until 5:00 pm Monday to Friday. The practice have their own website which provides information about the opening times and services they provide.

The main dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Eight patients provided feedback about the service during our inspection. We also received comment cards

Summary of findings

from 48 patients. The patients we spoke with and the comments we received were very positive about the treatment patients received and about the caring nature of all the staff in the practice. Patients stated they felt the dentists took time to explain the required treatment and explained their options in a way they understood. Common themes were that patients felt they received excellent treatment and were provided with personal and professional services.

Our key findings were:

- The practice had systems and processes in place which ensured patients were protected from abuse and avoidable harm.
- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were organised so that they meet patients' needs.
- The leadership, management and governance of the organisation assured the delivery of high-quality, patient centred treatment and care, supported learning and innovation, and promoted an open and fair culture.

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 treatment and care in accordance with the relevant regulations. Systems, processes and practices were in place to ensure all care and treatment was carried out safely. Lessons were learned and improvements were made when things went wrong. Systems, processes and practices were in place to keep people safe and safeguard them from abuse. Risks to individual people who used the services were assessed and their safety monitored and maintained. Potential risks to the service were anticipated and planned for in advance and systems, processes and practices were in place to protect people from unsafe use of equipment, materials and medicines.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations. People's needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There were effective arrangements in place for working with other health professionals to ensure effective quality of treatment and care for the patient. People's consent to treatment and care was always sought in line with legislation and guidance.

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations. People were treated with kindness, dignity, respect and compassion while they receive treatment and care. Patients and those close to them were involved as partners in their treatment and care and people who used the services, and those close to them, received the support they needed to cope emotionally with their care and treatment.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of people. Services took account of the needs of different people, including those in vulnerable circumstances. People could access care and treatment in a timely way and people's concerns and complaints were listened and responded to, and used to improve the quality of patient care.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured responsibilities were clear, quality and performance were regularly considered, and risks were identified, understood and well managed. The leadership and culture reflected the vision and values of the practice. They encouraged openness and transparency and promoted the delivery of high quality treatment and care. Quality assurance was used to encourage continuous improvement and people who used the service, the public and staff were engaged with and involved in improving the service.

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Detailed findings

Background to this inspection

We inspected this practice on 28 July 2015. Our inspection team was led by a CQC Lead Inspector who had access to remote advice from a specialist advisor.

We informed organisations such as NHS England area team and Healthwatch Somerset that we were inspecting the practice; however we did not receive any information of concern from them. We asked the provider to send us information about their practice and to tell us about the things they did well. We reviewed the information for patients on the practices website.

We spoke with people who used the service, interviewed staff working in the practice during the inspection and carried out observations and reviews of documents.

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

Patients were protected from abuse and avoidable harm.

Reporting, learning and improvement from incidents

There were systems, processes and practices in place to ensure all care and treatment was carried out safely and lessons were learned and improvements made when things went wrong. For example; the staff demonstrated an awareness of the reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) and control of substances hazardous to health (CoSHH). We observed measures in place to support their awareness including online learning and a library of relevant resources. Staff were aware of who to report concerns and incidents to and had work processes in place to minimise these occurrences. The provider exercised a duty of candour and where things went wrong which affected patients we saw patients were kept informed and that they received an apology. The provider told us they would also apply these principles to situations which went wrong and incidents which might involve patients. Any learning from these occurrences was shared with all staff at regular monthly staff meetings.

Reliable safety systems and processes (including safeguarding)

There were systems, processes and practices in place to keep patients safe and safeguard them from abuse. All staff had undertaken training about safeguarding vulnerable adults and children in need. Staff we spoke with understood their responsibilities and the reporting systems for raising concerns, and said they felt confident in fulfilling their responsibilities to report concerns. For example, staff were able to describe the signs and symptoms of abuse. In addition the practice kept accurate and detailed patient records which were written and managed in a way which kept people safe. Local authority safeguarding contact numbers were available to all staff in the practices reception office and in the practices policy files.

The practice also had reliable safety systems for waste management, hygiene and infection control, recruitment, checking emergency equipment and medicines and security which ensured patient safety.

Medical emergencies

Risks to patients using the services were assessed and their safety was monitored and maintained. The practice had arrangements in place to manage medical emergencies. Records showed that all staff had received training in basic life support and basic first aid. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. All of the staff we spoke with knew how to react in urgent or emergency situations; this was evidenced in the way they responded to an emergency situation during our last inspection.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines and associated equipment we checked were in date and fit for use.

The practice had a business continuity plan in place to deal with a range of emergencies which may impact on the daily operation of the practice. Risks identified included the failure of utilities such as water and electrical supplies, adverse weather and incapacity of staff. The plan also contained relevant contact details for staff to refer to. For example, contact details of the electricity company to contact if the electrical system failed. Staff we spoke with were aware of the business continuity arrangements; the practice managers and provider could access the patient record system from their other practices in emergency situations to ensure continuity of patient care.

Staff recruitment

Staff were able to share different tasks and workloads when the practice entered busy periods for patients. Staff told us the levels of staff and skill mix were reviewed and staff were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy or respond to busy periods.

Are services safe?

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfactory pre-recruitment checks had taken place including application forms or curriculum vitae's (CVs), employment history, evidence of qualifications and employee's identification and eligibility to work in the United Kingdom. The qualifications, skills and experience of each employee had been fully considered alongside references as part of the interview process.

A range of checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. 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. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

Monitoring health & safety and responding to risks

Potential risks to the service were anticipated and planned for in advance to ensure patient and staff safety. The practice had implemented systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, medicines and equipment.

The practice had a health and safety policy. Health and safety information was available to staff and a health and safety poster showing who was the local contact person was clearly displayed. The practice had developed clear lines of accountability for all aspects of treatment and support. Staff were allocated lead roles or areas of responsibility for example, safeguarding, the premises and infection control. There were arrangements in place to deal with foreseeable emergencies. We saw the practice had been assessed for risk of fire and routinely checked all fire equipment such as fire extinguishers and the alarm system as well as ensuring escape routes were kept clear. We saw fire equipment had been recently maintained and staff were able to demonstrate to us they knew how to respond in the event of a fire.

Infection control

Systems, processes and practices were in place to protect patients from unsafe use of equipment, materials and medicines and to reduce the risk and spread of infection. There was a clear infection control policy which included minimising risks associated with blood-borne virus transmission and the possibility of needle stick and sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance about decontamination and infection control issued by the Department of Health in the 'Health Technical Memorandum 01-05 the Decontamination in primary care dental practices (HTM 01-05 2013)' guidance. This document and the practice policy and procedures about infection prevention and control were accessible to and followed by all staff.

We examined the facilities for cleaning and decontaminating dental instruments. We noted there was a dedicated decontamination room with a clearly marked flow from 'dirty' to 'clean.' The layout of the room was in accordance with the HTM 01-05 2013 guidance document.

A dental nurse with responsibilities for the decontamination of instruments explained and demonstrated to us how instruments were washed, decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated. We saw instruments were flushed, washed and rinsed prior to being washed in a washer disinfector machine. Instruments were then inspected using an illuminated magnifier. An autoclave was then used to ensure instruments were thermally sterilised, instruments were checked again and dried ready for the next use.

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We saw daily, weekly and monthly tests were performed to check the steriliser was

working efficiently and a log was kept of the results. We saw evidence the recommended temperature was regularly checked to ensure the equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was minimised. The containers were rigid with a sealed lid which helped prevent soiled instruments falling out if dropped.

We observed how waste items were disposed of and stored securely. The practice had a contract for the removal of clinical waste. We saw the differing types of waste were safely segregated and stored at the practice; this included clinical waste and safe disposal of sharps. The practice had reviewed it's current waste storage and were in the process of arranging alternative storage to the outside of the premises.

Staff explained to us the practice protocol for single use items and how they should be used and disposed of. The methods described were in line with guidance. We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared to be clean and well maintained and clutter free. Staff told us the importance of good hand hygiene was included in their infection control training.

Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were sufficient supplies of protective equipment for patients and staff members. We observed staff wiping down surfaces between patients to ensure a hygienic environment.

Records showed a risk assessment process for Legionella had been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was an appropriate supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises to be cleaned, this was routinely checked by the practice managers.

Equipment and medicines

There were sufficient quantities of instruments and equipment to cater for each clinical session which took into account the decontamination process. Equipment had been serviced regularly, including the suction compressor, autoclave, oxygen cylinder and the X-ray equipment. We were shown the annual servicing records for all equipment. The records showed the service had an efficient system in place to ensure all equipment in use was safe and in good working order.

An effective system was in place for the recording, use and stock control of the medicines used in the treatment rooms such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used which demonstrated patients were given medicines only when necessary. The batch numbers and expiry dates for local anaesthetics were recorded on individual patient records. These medicines were stored safely. Prescription pads used for prescribing medicines such as antibiotics were similarly well managed and stored securely.

Radiography (X-rays)

The practice used digital X-ray machines, these were located in each treatment room. The practice had nominated a radiation protection supervisor. The controllers were located outside each room and were switched off when not in use. Local radiation rules were placed beside each controller. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. We saw that when X-ray equipment was used staff followed the guidance provided.

The practices radiation file showed a prior risk assessment, restriction of exposure, maintenance and examining of engineering controls, contingency plans and controlled areas had been undertaken and identified. Acceptance testing had been undertaken. All staff taking X-rays had received information and training associated with dental radiography. Records we viewed demonstrated the X-ray equipment was regularly tested and serviced.

Are services effective?

(for example, treatment is effective)

Our findings

Patients' care, treatment and support achieved positive outcomes, promoted a good quality of life and was based on the best available evidence

Monitoring and improving outcomes for patients

Patients needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence based guidance. For example, the practice accessed the latest information and guidance and had access to information from organisations such as, the Faculty of General Dental Practice (FGDP), Selection Criteria for Dental Radiography, FGDP Clinical Examination and Record keeping: Good practice guidelines, General Dental Council (GDC) Standards for the dental team and the Department of Health's, Delivering Better oral health toolkit.

Assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE). and GDC guidelines. Following our discussions with patients and staff and from the records we reviewed we saw the dentists routinely assessed each patient's gum health and took X-rays at appropriate intervals or as required. They also recorded the justification, findings and quality assurance of X-ray images taken. The assessments also included an examination of the patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated a risk assessment process for oral disease was carried out routinely. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Patients requiring specialised treatment such as sedation were referred to other specialist services.

Patients we spoke with and comments noted from patient feedback reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and the outcomes of the treatment provided.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall approach to patient support and advice, and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. The practices hygienist had produced oral hygiene displays for patients in the waiting room. These displays graphically showed patients the amount of sugar in popular soft drinks, explained the best foods to eat to keep teeth healthy and demonstrated the oral impacts of smoking. Patients commented very positively about the informative nature of these displays.

The practice asked new patients to complete a new patient health questionnaire. Records showed patients were given advice appropriate to their individual needs for example, smoking cessation or dietary advice, particularly in regard of sugary soft drinks. Information available in the practice and on their website promoted good oral and general health. This included information about healthy eating and tooth sensitivity.

Staffing

Practice staffing included dental, hygiene, dental nurse, management and reception staff. We reviewed a sample of four staff training records and saw that staff were up to date with attending mandatory courses for example; health and safety and infection control. All staff were up to date with their yearly continuing professional development requirements.

There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective treatment and support to patients. Staff had undertaken training to ensure they were kept up to date with the core skills and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control. There was an effective appraisal system in place which was used to identify training and development needs. The most recent staff appraisals were undertaken in February 2015. Staff we spoke with told us their appraisals had led to further training such as access to learning about radiology.

Working with other services

The practice had systems and policies in place to refer patients to other specialists if the treatment required was not provided by the practice. Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professionals who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details

Are services effective?

(for example, treatment is effective)

of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

The lead dental partner is involved in a number of dental committees, which included roles as chairman of Somerset British Dental Association and secretary of the Somerset Local Dental Council. They have also been appointed as a foundation dentist trainer for the Southwest for more than 10 years and works with a range of other services to fulfil these roles.

Consent to care and treatment

Our discussions with staff demonstrated they were aware of the Mental Capacity Act 2005 (MCA) and the Children Acts 1989 and 2004, and their duties in fulfilling the Acts. We saw they had undertaken training in these subject areas. All the staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff demonstrated an understanding of the MCA and how this applied when considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Staff we spoke with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. The practice ensured valid consent was obtained for all care and treatment before it was provided. Staff discussed and agreed individual treatment options with the patient; they explained the risks, benefits and costs of the treatment and then documented it in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. We saw they signed the treatment plan and this was scanned into their patient record. The patients we spoke with confirmed they were consulted with before investigations or treatment commenced.

Are services caring?

Our findings

Staff involved and treated patients with compassion, kindness, dignity and respect.

Respect, dignity, compassion & empathy

The eight patients we spoke with on the day of our inspection were very positive about the services they received. Patients told us they felt the practice offered an excellent service and staff were efficient, friendly, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the treatment provided by the practice and said their dignity and privacy was respected during treatments.

Staff and patients told us that all consultations and treatments were carried out in the privacy of treatment rooms. Privacy was provided in treatment rooms so that patients' dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard by other patients.

We observed patients were dealt with in a kind, friendly, compassionate and professional manner. We observed staff being polite, welcoming patients by their preferred name, being professional and sensitive to the different needs of patients. We observed staff communicating with patients on the telephone and saw them respond in an equally calm, professional manner. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access another room in the practice if patients wished to discuss something with them in private or if they were anxious about anything. We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information remained private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues and medicines were discussed with them and they felt involved in decision making about the treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Comments received from patients via comment cards also indicated positive, sensitive communications with staff and routine involvement in their treatment.

We looked at a small sample of examples of written treatment plans and saw they explained the treatment required and outlined the costs involved. The dentist told us they did not routinely carry out treatment the same day unless it was considered urgent, this enabled patients to consider the options, risks, benefits and costs before making a decision to proceed with the treatment.

Information leaflets were available which gave guidance about a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, flexible dentures as well as headaches, neck pain and back ache was accessible on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Services were organised so that they met patients' needs.

Responding to and meeting patients' needs

Services were planned and delivered to meet the needs of patients. The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice had a clear understanding of who their population were and understood their needs including, making appointments long enough to provide appropriate investigations and treatment. Most examinations appointments were approximately 20 minutes long with filling appointments ranging from 20 to 30 minutes long depending on the patient's needs. More complex dentistry had longer times made available in response to the needs of the treatment and patient. Longer appointments were also made available for nervous patients to allow the dentist and nurse time to relax and reassure the patient. We observed two nervous patients visiting the practice and saw they received longer appointments. They expressed high levels of satisfaction following their appointments including following a tooth extraction.

The practice had effective systems in place to address identified needs in the way services were delivered. They had also implemented suggestions for improvements and made changes to the way they delivered services in response to feedback direct from patients. For example, by increasing the number of appointments available through providing appointments from 8:30am.

Appointment times and availability met the needs of patients. The practice was open from 8:30am until 5:00pm from Monday to Friday. Emergency appointment slots were available daily. Patients with emergency dental needs were assessed and seen the same day if treatment was urgent. Staff told us the practice scheduled enough time for them to assess and undertake patients' treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. We saw the practice had flexibility with appointments enabling them to provide treatment with an alternative dentist (if the patient chose).

Tackling inequity and promoting equality

The practice was currently located in a former GP practice which was a listed building. We saw all reasonable efforts and adjustments had been made to enable patients to receive their treatment. Patients reported they had access to and received information in the manner that best suits them and that they understood. We saw evidence of reasonable effort and action to remove barriers where patients found it difficult to access or use services. Patients with reduced mobility and patients with pushchairs were

able to access services with or without the support or assistance from staff. The practice had accessible toilet facilities that were available on the ground floor for all patients attending the practice. Easy access was provided for entry into the building and we saw the treatment rooms were accessible for patients with reduced mobility.

Parking was available adjacent to the entrance of the practice with further parking spaces a short distance from the rear of the practice. One positive comment we saw from a patient showed the practice made adjustments to the way they worked to support them. Their dentist swapped treatment rooms to a ground floor room and allowed the patient to be treated in their wheelchair as it was their stated preference.

The practice had access to the NHS telephone translation service if patients required this facility.

Access to the service

Patients had access to assessment and treatment appointments in a timely way. Waiting times, cancellations and delays were kept to a minimum and patients had timely access to urgent treatment if required. Where treatment was urgent patients would be usually be seen the same day. We looked at the appointment diary on the day of our visit and saw urgent appointment slots were available if needed.

All patients we spoke with and received comments from were satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Later appointments were available outside of school hours for children and young people. Specific longer appointments were also allocated to vulnerable patients if required.

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

They told us an answer phone message detailed how to access out of hours emergency treatment NHS dental service. The practice brochure also had this information available for patients. Following our inspection visit we were able to confirm this.

Concerns & complaints

There was a complaints system in place which was publicised, accessible and understood by staff and patients who used the service. We saw patients concerns and complaints were listened and responded to and used to improve the quality of service provided.

We looked at complaints received and managed by the practice and saw there was openness and transparency in how complaints were handled and responded to. There had been three complaints or concerns raised this year; we saw from the individual complaints that all had been responded to in line with the practices complaints policy. Letters of apology had been sent to the patients concerned and the complaints were discussed at staff meetings so lessons could be taken from the events. We noted the complaints log lacked a column to indicate the learning taken from the complaint. The practice managers were able to explain the learning gained and adapted the complaints log to include a column for lessons learned.

Information was provided on the practices website and in the practice brochure about the steps patients could take if they were not satisfied with the service provided. Patients reported that they knew how to complain but had not needed to make a complaint. They told us they felt the staff would listen to them, treat them compassionately and give them the help and support they need to make a complaint if required.

Are services well-led?

Our findings

The leadership, management and governance of the organisation ensured the delivery of high-quality, patient-centred care, supported learning and innovation and promoted an open and fair culture.

Governance arrangements

The practice had governance arrangements which ensured roles and responsibilities throughout the service were clear. Quality and performance were regularly considered and risks were identified, understood and routinely managed. For example, staff were supported and managed at all times and were clear about their lines of accountability. They carried out audits and daily checks and took responsibility for ensuring managers were kept informed. The registered manager and practice managers understood their responsibilities and were supported in their role by all staff in the practice.

Staff were supported to meet their professional standards and follow their professional code of conduct. All staff were up to date with their yearly continuing professional development requirements (CPD). They were monitored and encouraged to maintain their CPD. Staff had access to online learning, lunchtime learning sessions as well as additional training courses to help maintain their knowledge and skills.

The practice had a policy of ensuring all patient records were maintained to the required standards through the Exact patient record system. This information was checked quarterly by one of the practice managers. Audit records indicated appropriate record keeping in line with current General Dental Council guidance, example records shared with us confirmed this.

We looked at other records such as policies, maintenance logs, daily, weekly, monthly and quarterly checklists, staff recruitment records and complaints records. We saw they were up to date and referenced current best practice guidance and legislation. We also saw evidence of how the practice informed staff about when policies were updated from staff meeting minutes. The minutes were placed in a meeting minutes file to ensure this information was shared with all staff.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included for example; infection control, X-ray quality, medical history, emergency medicines and treatment rooms. Where areas for improvement had been identified action had been taken. We saw evidence of repeat audits over several years which evidenced that improvements had been maintained.

Leadership, openness and transparency

The leadership and culture of the practice reflected their values and statement of purpose, encouraging openness and transparency and promoting the delivery of high quality care. We saw from minutes of staff meetings that they were held regularly usually every month. These were supplemented by daily get-togethers at coffee and lunch breaks to discuss the days schedule and to pass on important information. Staff told us that there was an open and accessible culture within the practice. They said they had the opportunities, and were happy to raise issues at team meetings and at any time with the provider or practice managers without fear of recrimination.

The practice managers had responsibility for human resources management across the practice. We reviewed a number of policies for example, disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We saw these were up to date. We were shown the staff handbook that was available to all staff, which included sections on areas such as disciplinary and harassment at work. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

We looked at complaints received and managed by the practice and saw there was candour, openness and transparency in how complaints were handled and responded to. Letters of apology had been sent to the patients concerned and the complaints were discussed at staff meetings so lessons could be taken from the events.

Management lead through learning and improvement

The staff we spoke with told us that the practice supported them to maintain their clinical professional development through training, support and mentoring. We looked at staff files and saw annual appraisals had taken place which included a personal development plan. Staff told us the practice was supportive of training and we saw evidence to confirm this. For example, dental nurse training, online learning and in-house training sessions. The practice was a

Are services well-led?

registered training practice with one of the dentists being the foundation dentist trainer. They supported the foundation dentist who commented positively about the support provided and the learning they were supported with.

The management of the practice was focused on achieving high standards of clinical practice. Staff at the practice told us they were all working towards a common goal to deliver patient centred, high quality treatment and support. We observed a friendly, professional and knowledgeable staff team supporting each other throughout the inspection. We saw they covered each other at break times and helped each other by responsively supporting patients when required.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role. For example, infection control audits which identified improvements in cleanliness, record keeping audits which confirmed clear record keeping and patient feedback audits identifying appointment improvements.

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

The practice had processes in place to actively seek the views of patients who used the service and were able to provide evidence about how they took these views into account. We saw the last patient questionnaire was completed in January 2015 which had identified overall satisfaction with the services provided, we saw from the information provided by the practice that improvements had taken into account the comments made. This included better advice for patients about how smoking could affect their oral health.

The staff we spoke with told us the management team valued their involvement and that they felt engaged and said their views were reflected in the planning and delivery of the service. Staff and the provider understood the value in staff and patients raising concerns. The practice had gathered and responded to feedback from patients through patient discussions, a suggestions box, comments on the NHS Choices website and their friends and family surveys. (The NHS Choices website provides the public with information about NHS services and enables patients to write comments about the services they receive).

The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the development of the practice to improve outcomes for patients and themselves. The practice encouraged patient testimonials and shared these with staff and patients via their website to ensure positive feedback was shared.