Pe-Ko Ltd

Corby Private Medical Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 07 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by two CQC inspectors who were supported by a specialist dental adviser, a specialist GP adviser and a Polish/English speaking interpreter.

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 form the framework for the areas we look at during the inspection.

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

Corby Private Medical Centre is located in Corby, a town and borough in the county of Northamptonshire. It provides private treatment to adults and children.

Level access is not available for people who use wheelchairs and those with pushchairs.

The centre does not have its own parking facilities, but free public car parking is available next to the premises, in close proximity to the entrance.

The dental team includes four dentists, two trainee dental nurses, two customer advisors, and two practice managers.

Summary of findings

The team also includes three medical / specialist practitioners.

Corby Private Medical Centre provides mainly dental services. It also provides GP services (Family medicine) and gynaecology services.

The practice has one dental treatment room and one medical treatment room.

The provider told us that the majority of their patients were from the Polish community, and lived in Corby or surrounding border areas such as Kettering and Peterborough. We were informed that some patients had NHS registrations with other practices whilst others did not and had chosen to attend this practice to be seen as a privately registered patient.

We have produced a separate report that contains our findings in relation to the general practice and gynaecological services provided at this location. This report focuses on the provision of dental services provided at the practice.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered managers at Corby Private Medical Centre are the two practice managers who share the responsibilities between them.

On the day of inspection we collected seven CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, one trainee dental nurse, two customer advisors, and the practice managers. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 10am to 8pm, Saturday from 9am to 9pm and Sunday from 10am to 7pm. Patients are not allocated appointments on Wednesdays and Thursdays.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available. We noted exceptions in relation to oropharyngeal airways, a child self-inflating bag with reservoir and clear face masks. Buccal Midazolam was not held. Following our inspection, these items were obtained.
- The practice had systems to help them manage risk to patients and staff. We noted that some processes required strengthening as the risk to legionella had not been addressed promptly when identified.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- Patients' care and treatment was delivered in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints efficiently.
- The provider had suitable information governance arrangements; although we noted areas that could be strengthened.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, ensuring all risks presented are mitigated expeditiously.

Summary of findings

- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Consider documenting all team meetings to facilitate learning for all staff.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. We identified some areas for improvement in the manual cleaning of dental instruments.

We found that there were some items of emergency equipment and medicines missing on the day of our inspection. Following our inspection, we were provided with evidence that these had been obtained.

The practice had a process for receiving medicine and safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA); although we found that the monitoring of any action taken in response could be strengthened.

Are services effective?

No action

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

The dentist we spoke with assessed patients' needs and provided care and treatment in line with recognised guidance. We looked at a sample of records completed by the dentists. We noted mixed levels of detail in record keeping. A number of patients also attended the practice because of a dental emergency; this meant that some information was not relevant to record.

Patients described the treatment they received as professional and pain free. The dentists discussed treatment with patients so they could give informed consent but we found that this was not routinely noted in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Most staff had access to appraisals to identify their learning and development needs. However, the practice managers did not have regular appraisals.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, reassuring and accommodated their needs.

They said that they were given helpful explanations about dental treatment and said their dentist listened to them. A patient commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice did not currently have any patients for whom they needed to make adjustments for to enable them to receive treatment. The practice was situated on the first floor of premises which meant it was unsuitable for patients with wheelchairs. The practice website included information regarding this.

The practice staff were multi-lingual; they were recruited with these language skills to respond to the needs of a predominantly Polish population.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. We identified that audit processes required strengthening in relation to record keeping.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns were the practice managers.

We saw evidence that staff received safeguarding training. Staff we spoke with demonstrated awareness about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice used a paper based patient record system where notes could be recorded, such as highlighting any vulnerable patients.

The practice had a whistleblowing policy; this included external contact information for reporting concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted that rubber dam kits were held.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. They did not have an agreement in place however with any other providers in the event of the premises becoming unusable.

The practice had a recruitment policy and procedure and an audit checklist to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors were tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations but had not compiled all the required information in their radiation protection file. The provider had access to collate this information through an online tool.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation. We noted that these detailed audits had been undertaken on a quarterly basis.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety, although we noted some exceptions on the day of our inspection.

The practice's health and safety policies, procedures and risk assessments were up to date and most were reviewed regularly to help manage potential risk. We noted that the practice staff had not practised any fire drills; this was a recommendation contained in the latest fire risk assessment dated June 2018. The practice did not have any nominated fire marshals. Following our inspection, the provider informed us that a drill was planned for 17 September 2018 and a template had been implemented for recording the effectiveness of the drill.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles. The practice used conventional matrix bands; we were informed that the dentists dismantled them. After our inspection, the provider told us that they had ordered some disposable single use matrix bands and sent us a copy of the invoice. A sharps risk assessment had been undertaken and was updated annually.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff completed online training in emergency resuscitation and basic life support (BLS) every year. The staff did not practise any rehearsals following completion of the training. Rehearsals may help to gauge staff understanding and embed knowledge when theoretical training has been completed.

Emergency equipment and medicines were available as described in recognised guidance, although we noted some exceptions. We noted that the sizes of oropharyngeal airways required replacement as two were out of date and all were no longer air tight in their packaging. The kit did not contain a child sized self-inflating bag with reservoir or all the sizes of clear face masks. Buccal midazolam was not held and the EpiPen was not the full adult dose. Following our inspection, the provider sent us order documentation to show that new items had been purchased.

Staff kept records of their checks on equipment and medicines to make sure they were available and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting and sterilising instruments in line with HTM01-05. We noted some areas for improvement in the cleaning, checking and storage of instruments. For example, the water temperature was not monitored when manual cleaning took place and instructions posted on the wall did not include this information. We noted that a small hand held magnifying glass was held which was not illuminated; this presented a risk that instruments may not be effectively scrutinised. We noted some loose items such as sucker tips were held in drawers; this presented a risk of aerosol contamination.

Following our inspection, we were sent order confirmation to show that a thermometer and an illuminated hands-free magnifying glass had been purchased for use to improve the manual cleaning process and an action plan completed by the provider provided some assurance that the system was being improved.

The records showed that ultrasonic and autoclave equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was completed in May 2017 and highlighted risk areas and recommendations to be acted upon. We noted that these had not been actioned at the time of our inspection. The provider told us that they had raised the remedial actions with the landlord; but these were still awaiting action. Following our inspection, the provider sent us documentation to show that the remedial actions had been completed on 11 September 2018 and the certificate showed that the 'risk had been removed'.

Records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice had identified areas for improvement; action plans had been devised.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a positive safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We looked at documentation and noted that on 6 and 13 July 2018 there had been two connected safety incidents that had affected a member of staff.

The incidents were investigated and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. We looked at meeting minutes on 27 August 2018, where incidents were included on the agenda for discussion. Whilst we noted some lapse in time between the incidents and the next practice meeting held, the managers assured us that informal discussions had also taken place amongst staff. These were not documented.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework.

There were adequate systems for reviewing and investigating when things went wrong and when they had worked well. The practice learned and shared lessons when necessary. For example, following a patient suffering a fainting episode, staff had responded appropriately. This was recorded as a positive response to the incident.

There was a system for receiving safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The managers collated a summary of alerts received through a generic email address. These were distributed to the clinicians. We were told that clinicians held individual responsibility for review and action of alerts. The managers did not have a monitoring tool to record whether clinicians had viewed the alerts and taken any action required. Following the inspection, the provider sent us a newly implemented monitoring tool; this showed how arrangements were being strengthened.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dental practitioner we spoke with kept up to date with current evidence-based practice. We saw that this clinician assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to software and an intra-oral camera to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health. Whilst the dentist we spoke with was not specifically aware of the Delivering Better Oral Health toolkit, they were applying the principles of this.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay. The dentist told us that because of the demographic area of the practice, they saw a higher number of children who had not previously received dental care. They told us that those initial discussions focussed on oral health advice and diet.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments.

We noted that the practice did not have a supply of health promotion leaflets/information that could be given to patients to help them with their oral health.

The dentist we spoke with was not specifically aware of any local schemes available in supporting patients to live healthier lives. For example, local stop smoking services.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We did not find that all the dentists had recorded this detail on the sample of records that we looked at. However, we noted that a number of patients had only attended the practice for emergency appointments; in these instances, this information would not be applicable to record.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The dentist we spoke with understood the importance of obtaining patients' consent to treatment. We looked at a sample of records completed by the dentists. We noted mixed levels of detail in record keeping. We noted that sufficient detail regarding consent was not always included in the sample of records we looked at.

Records we looked at generally supported that the dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

Patients we obtained feedback from confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005.

The dentist we spoke with understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. They provided us with examples of clinical cases where it had been applied.

The dentist was also aware of Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing some information about the patients' current dental needs and past treatment. We noted mixed levels of detail within these records. For example, whilst details of treatment carried out were recorded, we found some lack of information recorded such as oral risk assessments and detailed screening which were noted only as 'exam'.

Are services effective?

(for example, treatment is effective)

We noted that detailed medical history forms were completed and signed by all new patients. We were informed that whilst these were reviewed at each exam thereafter, a signature was not obtained from the patient.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. The latest audit highlighted some areas for improvement; we did not see that an action plan had been implemented. The managers told us that they utilised a clinical supervisor to audit patient records.

We discussed our findings in respect of the sample of records that we looked at. The managers told us that they would take action to ensure that the overall standard of record keeping was improved. Following our inspection, the managers provided us with information regarding refresher training for the dentists that was planned for completion by the end of September 2018. They also sent us an action plan that included how monitoring would take place.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The two practice managers who had oversight of practice operations were skilled in their roles; they had developed a structured and formalised approach for sharing management responsibilities between them. This ensured that staff were suitable, qualified and received training as appropriate to work within their roles. Two trainee dental nurses worked in the practice and they received support and supervision from two of the dentists.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. We noted that the two practice managers had not received an appraisal.

Co-ordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

We saw that staff treated patients with kindness and respect.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, reassuring and accommodated their needs. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice website detailed that they were a child friendly service.

We reviewed the services website for any reviews; we noted 72 reviews had been posted between October 2017 and September 2018. Overall, we saw that the service was rated 4.9 out of 5 stars. All the feedback we reviewed was positive about the service. The feedback related to both the dental and the GP services.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. A television was installed in the waiting area to provide background noise when staff were speaking with patients. If a patient asked for more privacy they would take them into a private area. Staff did not leave patients' personal information where other patients might see it.

The practice stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Staff had been recruited who had multi-lingual skills to respond to the needs of the patient population.
- Whilst the practice was not aware of interpreter services, staff spoke languages including English, Polish, Arabic, French, German and Russian.
- Staff communicated with patients in a way that they could understand and also utilised tools such as a laptop with speakers to translate languages, if this was required.
- The practice told us they used larger print registration forms for any patients who had sight problems.

One of the managers told us that they considered that the practice were popular amongst their patients because of the style in which they communicated. They told us that they adopted a friendly and personable approach where patients felt involved in their care, and many Polish patients wanted to converse with staff in their first language.

Staff told us that they gave patients information to help them make informed choices about their treatment.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models, software, X-ray images and an intra-oral camera.

These could be shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were informed that staff encouraged patients who were anxious or those who required more time to speak about their fears with non-judgmental questions. One patient stated that they had felt reassured at all times.

Patients described their levels of satisfaction with the responsive service provided by the practice.

The practice, currently had no patients for whom they needed to make adjustments to enable them to receive treatment. The practice was situated on the first floor of premises which meant that it was unsuitable for patients with wheelchairs. The premises were unable to be modified. The practice website included information regarding this and this included that all efforts would be made to assist those who required help.

A patient toilet facility was available on the first floor. The practice did not have a hearing loop; the managers told us that they had not identified a need for one to be installed.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day or the next working day when a clinician was scheduled to attend. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The practice managers shared responsibility for answering the telephone outside of usual opening hours. Appointments could be booked by telephone between 9am and 9pm seven days a week.

Information was posted on the practice's front door and on their website, that provided telephone numbers and addresses for patients needing emergency dental treatment when the practice was closed. Patients were advised to contact NHS 111 when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. An information leaflet explained how to make a complaint.

The practice managers were responsible for dealing with complaints. Staff would tell the practice managers about any formal or informal comments or concerns straight away so patients received a quick response.

The practice managers aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these. Written information provided was limited about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous twelve months. The practice managers told us that they had not received any written complaints, but had addressed verbal complaints received. Our review showed the practice responded to concerns raised. Learning points for staff had not been identified. The managers told us that if these were identified, they would be discussed in practice meetings.

Are services well-led?

Our findings

Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care. They also had the experience to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Leaders at all levels were visible and approachable.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population. Information known about their patients as well as patient feedback obtained contributed to how the service was delivered. It also helped inform the future direction of services. The management had plans to potentially extend their services to include dermatology. They told us they also wanted to reach out to people from other nationalities.

Culture

The practice had a culture of sustainable care.

Staff stated they felt respected, supported and valued. They told us they were happy to work in the practice. We noted an example whereby the practice managers were providing cover for a member of staff so they could take time off work for a personal reason.

Leaders and managers took effective action to do deal with poor performance.

The provider was aware of and had adequate systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered managers had overall responsibility for the management and clinical leadership of the practice. They had access to a director in the organisation who had oversight and input in relation to clinical matters.

The registered managers were also the practice managers and they were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were mostly clear and effective processes for managing risks, issues and performance. We had identified a risk in relation to legionella which had not been acted upon at the time of our inspection, but action was taken afterwards to address the issues identified.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, bottled water was provided for patients in response to feedback received and the telephone line for booking appointments was extended to earlier in the day and later in the evening. Staff feedback had resulted in the purchase of new equipment such as a printer at the reception desk.

Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We identified that record keeping audits required strengthening, particularly in relation to the issues we identified during our inspection.

The registered managers showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team with the exception of the practice managers had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. We noted that this was undertaken.