Carisbrook Dental Care Ltd

Mr Tariq Idrees - Carisbrook

Inspection Report

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Overall summary

We carried out this announced inspection on 28 March 2019 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 a CQC inspector who was supported by a specialist dental adviser.

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

Mr Tariq Idrees - Carisbrook is in Whitefield, Manchester and provides private treatment to adults and children, and NHS treatment to a small number of adults and children.

There is a ramp which provides access for people who use wheelchairs and those with pushchairs. The practice has a large car park, which includes spaces for blue badge holders.

The dental team includes six dentists, an orthodontist, an orthodontic therapist, seven dental nurses (two of which

Summary of findings

also work on reception), a dental hygienist, two dental hygiene therapists, a treatment & referral co-ordinator, a reception manager and a practice manager. The practice has five treatment rooms.

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 manager at Mr Tariq Idrees - Carisbrook is the practice manager.

On the day of inspection, we collected 12 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with three dentists, dental nurses, the reception manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday & Thursday 9am to 5pm

Tuesday & Wednesday 8.30am to 6pm

Friday 8.30am to 5pm

Saturdays 9am to 1pm by prior appointment only

Our key findings were:

- The premises were clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. The provision and checking of medicines and life-saving equipment should be reviewed.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Audit processes and record keeping could be reviewed to ensure consistency.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvements could be made to the process for managing the risks associated with hazardous substances, sharps and Legionella.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols to ensure that patients who are prescribed antibiotics are provided with the appropriate patient information for the medicine provided.
- Review the practice's protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, the local rules for the OPG (Orthopantomogram), and the location of, and identification of isolation switches.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, sharps, latex and the storage of hazardous substances.
- Review the practice's protocols to ensure improvements can be demonstrated as a result of audits of radiography.

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. The processes to assess the risk from sharps, hazardous substances and latex could be improved.

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 followed national guidance for cleaning, sterilising and storing dental instruments.

The arrangements for medical emergencies and processes for checking the medicines and equipment should be reviewed.

X-ray equipment was maintained appropriately. The practice should review the local rules for the OPG (Orthopantomogram) and the location of, and identification of isolation switches.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients commented that they were treated with kindness and compassion when receiving treatment.

The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records. We noted inconsistencies in the dentists' record keeping which we discussed with the practice principal to review.

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

The practice carried out conscious sedation for patients. There were systems to help them do this safely.

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

Are services caring?

No action

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

We received feedback about the practice from 12 people. Patients were positive about all aspects of the service the practice provided. They told us staff were warm and welcoming.

Summary of findings

They said that they were given helpful, honest explanations about dental treatment, and said their dentist involved in decisions about their care and listened to them. Patients 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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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 complete patient dental care records which were, clearly written or typed and stored securely. A privacy impact assessment had not been carried out for the CCTV.

The provider 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. The processes for auditing standards in radiography and record keeping could be improved.

The processes for identifying and managing risks required improvement. For example, in relation to the arrangements to respond to medical emergencies, Legionella, sharps, latex, the storage of hazardous substances and the disposal of controlled medicines.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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 and staff gave an example where this process had been followed. We saw evidence that staff received safeguarding training, two members of staff had undertaken additional training to a higher level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children and adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedure.

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 and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A fire risk assessment had been completed externally and was reviewed annually.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted that in one small surgery the isolation switch was located inside the controlled area and none of the isolation switches were labelled to clearly identify them. The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. Staff who operated this were aware of the need to prevent people passing the door during use of this equipment to prevent accidental exposure, but these instructions were not made available in the local rules or instructions for the operation of the equipment. This was raised with the Radiation Protection Supervisor to review.

We saw evidence that the dentists justified the radiographs they took. The practice carried out regular radiography audits following current guidance and legislation. These had highlighted that not all the dentists were grading the diagnostic quality of X-rays. The most recent audit showed a significant improvement in this area. We highlighted that one of the clinicians did not consistently report on the findings of radiographs. This was discussed with the principal dentist to review.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted this did not include all sharps items, for example burs, endodontic files and orthodontic wires. The practice manager told us this would be reviewed and discussed with staff. A computer-assisted 'painless' local anaesthesia system was in use. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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. Prior to the inspection, the practice manager identified that the results of the vaccination were not checked for two members of staff. Action had been taken to discuss this with the individuals and we saw evidence that they had appointments with their GP or occupational health services to obtain evidence of immunity. Risk assessments were in place to protect these staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management. Immediate Life Support training for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. We highlighted that the practice should review the availability of emergency medical oxygen during the provision of sedation as this was stored on a different floor and consideration had not been given to obtain a second emergency medical oxygen cylinder. These areas were raised with the principal dentist to review. Buccal midazolam which is used to treat epilepsy was available but had been partially used. Staff told us this had been used in January. We noted there was insufficient left to treat an adult in the event of an epileptic seizure. This was re-ordered on the day of the inspection.

A dental nurse worked with the dentists and the dental hygienists and hygiene therapists 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. We noted some bottles and syringes containing different substances (topical anaesthetic and two different types of lubricant) with a similar appearance were unlabelled in the treatment rooms. This was discussed with one of the dental nurses who confirmed this would be addressed.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) 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, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The recommendations, including monthly water temperature testing had been actioned and records of water testing, air conditioning unit servicing and dental unit water line management were in place. The report included a recommendation to fit a temperature gauge to the hot water calorifier. Staff were not sure whether this had been actioned. The practice manager told us they would raise this with their engineer. The practice did not ensure that staff who were responsible for the management of legionella were up to date with training. We highlighted this to the practice manager to action.

Are services safe?

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected, and patients commented on the high standards of cleanliness.

The provider 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 was meeting the required standards.

Information to deliver safe care and treatment

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, kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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 provider had 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 practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. The practice dispensed antibiotics as necessary. Staff confirmed that patients who received these were not provided with a copy of the patient information leaflet for the medicine they were prescribed. The practice manager confirmed this would be addressed. The practice did not have processes to denature or render waste or expired midazolam irretrievable. We discussed this with the principal dentist to action.

Track record on safety and Lessons learned and improvements

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. One member of staff used latex gloves. A risk assessment had not been completed to ensure they were stored and used appropriately.

There were clear systems to enable staff to report any issues or concerns. These were investigated when things went wrong and reviewed on a regular basis to highlight any themes. Any findings were discussed with staff. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We highlighted how the practice could review the processes to audit dental care records to ensure that clinicians consistently document assessments of patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by two of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. The principal dentist was also in the process of training to place dental implants.

The practice had access to intra-oral cameras and operating microscopes to enhance the delivery of care.

The practice provided orthodontic treatment to patients on a private basis. This was provided by a visiting specialist orthodontist who was supported by an orthodontic therapist who were not present during the inspection. There were processes to refer patients appropriately and assess and provide care in line with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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 and adults based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives.

The dentists 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 noted that not all the dentists documented that they carried out six-point pocket charting or bleeding indices as indicated in national guidance.

Patients with more severe gum disease were referred as appropriate to the dental hygienists as required and recalled at more frequent intervals for review and to reinforce home care and preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed 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 team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may 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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed

Are services effective?

(for example, treatment is effective)

complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The Sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dental nurses had received additional skills training in radiography and one had completed training in sedation.

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, one to one meetings and during staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The 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 had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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.

The practice monitored referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were warm and welcoming. Some patients praised individual members of staff for their kindness and compassion. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. A treatment & referral co-ordinator was available who could discuss planned treatment with patients.

Practice information, costs for NHS and private dental treatments and thank you cards were available for patients to read.

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 waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the principles of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not understand or speak English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

The practice gave patients clear 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 dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient or 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.

Patients described the service as 'excellent' and responsive to their needs. They expressed high levels of satisfaction with the service provided by the practice.

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included the provision of disabled parking and a ramp to access the ground floor reception and surgeries, one of which had a wider door to accommodate wheelchairs. Wheelchair users would struggle to access the toilet facilities due to the small size of the door and room. The practice was reviewing the facilities as part of a refurbishment plan. Additional grab rails had been installed by steps in the upstairs waiting area. Patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator.

Patients could choose to receive text messages and postal reminders for forthcoming appointments. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could 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 in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. If patients required emergency out-of-hours treatment, they could contact the practice telephone number for advice on how to proceed. The dentists provided emergency cover until 10pm on working days. After this time, patients could contact the NHS 111 telephone number. This included access to an out-of-hours service covering the locality.

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. The practice information leaflet explained how to make a complaint.

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

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available 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 in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills 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. The principal dentist and practice manager were open to discussion and feedback during the inspection.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice and supporting staff who took on additional responsibility.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

We saw the provider had processes to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There were systems to review these to identify any themes. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service with support from the reception manager who was increasing their involvement in the management 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.

The processes for identifying and managing risks, issues and performance should be reviewed. For example: in relation to sharps, latex, legionella, medicines management and the storage of hazardous substances.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We highlighted that a privacy impact assessment had not been carried out for the CCTV.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, online reviews and verbal comments to obtain patients' views about the service. We reviewed the feedback which the practice had received, and found it was positive. We saw examples of suggestions from patients the practice had acted on. These included installing additional grab rails and removing lights that were fixed at a low level on the walls as these became hot to the touch.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Are services well-led?

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. They had clear records of the results of these audits and the resulting action plans and improvements. For example, radiographic audits had highlighted a number of X-rays were not graded for their diagnostic quality. The most recent audit demonstrated a significant reduction in the number of ungraded X-rays. The clinicians were responsible for auditing themselves, opportunities were missed to review and discuss the consistency of care and clinical records. We highlighted inconsistencies in clinical record keeping, which included the findings of X-rays not always reported on and six-point pocket charting not always being completed where indicated.

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

The dental nurses 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 provider supported and encouraged staff to complete CPD. The practice manager had highlighted during preparation for the CQC inspection that whilst staff were asked about their progress with CPD training, they were not asked to provide evidence of its completion. Any missing training certificates were obtained and sent to us after the inspection and the practice manager was reviewing how best to obtain and retain evidence of training going forward.