Dale Road Oral Care Ltd

Dale Road Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 March 2016 to ask the practice the following key questions;

Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dale Road Dental Care is a dental practice providing mainly NHS and some private treatment for both adults and children.

The practice is situated in a converted domestic dwelling situated west of Southampton City. The practice has three dental treatment rooms and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the ground and first floor enabling level access throughout the ground floor.

The practice employs two dentists, one hygienist, three dental nurses, of which two are trainee dental nurses, two receptionists and a practice manager. The practice's opening hours are 8am to 1pm and 2pm to 5pm from Monday to Friday. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

The practice manager 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.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete in order to tell us about their experience of the practice. We received feedback from six patients and an additional 13 patients on the day of our visit. All of these provided a positive view of the services the practice provides. Patients commented on the high quality of care provided by the dentists, the friendly nature of all staff and the cleanliness of the practice.

Our inspection was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- All permanent staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and maintained throughout
- Infection control procedures followed published guidance.
- The practice had a safeguarding lead with processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence guidelines
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the practice manager.
- Staff we spoke to felt supported by the practice manager and were committed to providing a quality service to their patients.
- Information from 19 patients gave us a positive picture of a friendly and professional service.
- The practice manager provided effective leadership for staff working at the practice.
- The practice reviewed and dealt with complaints according to their practice policy.

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

- Carry out an appraisal for the practice manager.
- Consider providing the hygienist with the chair side support of a dental nurse.
- Arrange basic life support training for the locum dentist.
- Consider installing a hearing loop.
- Advertise facilities for patient interpreting services.
- Review access facilities for disabled and older patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. Staff received safeguarding training and each aware of their responsibilities for safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration

Are services caring?

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

We collected six completed Care Quality Commission patient comment cards and obtained the views of a further 13 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. However this service was not seen to be advertised. The practice had a ground floor treatment room for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Dale Road Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 1 March 2016. The inspection was carried out by a lead inspector and a dental specialist adviser.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection visit, we reviewed policy documents and staff recruitment records. We spoke with seven members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records. We reviewed CQC comment cards completed by patients and obtained the views of patients on the day of our inspection. Patients gave positive feedback about their experience at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff had a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no incidents during 2015 that required investigation. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) from the company's head office. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning and these meetings occurred every month.

Reliable safety systems and processes (including safeguarding)

We spoke to the lead dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. A single use system was used to deliver local anaesthetics to patients. The lead dental nurse was also able to explain the practice protocol, which was displayed in each treatment room in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps. There had been no needle stick injuries during 2015.

We asked the dentists how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. This was confirmed by the dental nurses we spoke with. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice manager acted as the safeguarding lead and acted as a point of referral should staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator, a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had received update training during 2015 although the locum dentist had last received training in October 2014.

Staff recruitment

All the patients we asked said they had confidence and trust in the dentist.

All of the dentists and dental nurses, except the trainee dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including conduct in previous employment. We saw that all staff had received

Are services safe?

appropriate checks from the Disclosure and Baring Service. These are 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. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.

We looked at nine staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored at the company's head office but made available to us for examination at the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety dated February 2014, health and safety dated February 2016, Legionella dated February 2016 and radiation. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service dated January 2016.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices' lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that an audit of infection control processes carried out in February 2016 confirmed compliance with HTM 01 05 guidelines.

It was noted that the three dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including wall mounted liquid soap and paper towel dispensers in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of a treatment room were inspected in the presence of the lead dental nurse. These were clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

We asked the lead dental nurse to describe to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental unit water lines were maintained to prevent the growth and spread of legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). They described the method they used which was in line with current HTM 01 05 guidelines. A legionella risk assessment had been carried out at the practice by a competent person in February 2016. The recommended procedures contained in the report were carried out and logged appropriately. This included regular testing of the water temperatures of the various taps in the building. These measures ensured that patients' and staff were protected from the risk of infection due to legionella.

The practice had a separate decontamination room for instrument processing. This room was organised and clean, tidy and clutter free. Dedicated hand washing facilities were available in this room. The lead dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier they were placed in an autoclave (a device used to sterilise medical and dental instruments).

Are services safe?

When instruments had been sterilised they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The lead nurse also demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated December 2015 and a pressure vessel certificate for the compressor had been issued in February 2016. The practice's three X-ray machines had been serviced and calibrated as specified under current national regulations in March 2015. Portable appliance testing had been carried out in January 2015. A contract was in place to ensure that the oxygen cylinder was properly maintained and was dated July 2015. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. The practice also had a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

We were shown a maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance log and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the radiological audits for each dentist carried out was available for inspection. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists demonstrated that they carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists who described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment. The records we saw were accurate, complete and fit for purpose.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. Both dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications or high concentrated fluoride toothpaste on prescription to keep their teeth in a healthy condition. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice team consisted of two dentists, one hygienist, three dental nurses, of which two are trainee dental nurses, two receptionists and a practice manager. We asked 13 patients if they felt there was enough staff working at the practice. Of these, 10 said yes and three were not sure.

All but two of the dental nurses supporting the dentists were trainees who were on a recognised training course. However we did note that the dental hygienist was working without chairside support. We drew to the attention of the practice manager the advice given in the General Dental Council's Standards for the Dental Team about dental staff being supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

The practice manager kept records of training carried out by nursing and administration staff which confirmed they had the right skills to carry out their roles. Mandatory training included basic life support, fire safety and infection prevention and control. There was an appraisal system in place which was used to identify staff training and development needs. All staff received appraisals with the exception of the practice manager. We spoke with the area manager, who was present throughout the inspection, who told us they were aware of this and were planning a date for this to be carried out.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We spoke to two dentists on duty on the day of our visit; they both had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentists we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinet behind the reception desk. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected six completed CQC patient comment cards and obtained the views of 13 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

All the patients we asked told us the dentist was good at involving them in decisions about their care and treatment.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS was displayed on the patient notice board in the waiting area. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including that explained opening hours, emergency 'out of hours' contact details and arrangements. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. Patients were also invited to come and sit and wait if these dedicated slots had already been allocated. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had carried out a disability assessment of the practice in January 2016. The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice had access to a translation service if it was clear that a patient had difficulty in understanding information about their treatment but this was not advertised within the practice. Accessible information such as that in large print or easy read language was available on request from the company head office but again not advertised to patients. A hearing loop was not in place at the time of our inspection. The practice manager explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to go through NHS and other forms. The practice had one ground floor treatment room for patients unable to go upstairs. Each treatment room had a 'leg breaker' dental chair enabling patients with physical impairment to sit in a dental chair more easily.

Access to the service

Appointments were available Monday to Friday between 8.10am and 1pm and 2pm to 4.30pm. Appointments could be made in person, by telephone or on-line via the practice website. We asked 13 patients if they were satisfied with the practice opening hours. Of these, 11 said yes and two told us they did not have an opinion either way.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. Patients told us and comment cards reflected that they felt they had good access to routine and urgent dental care.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. For example, a complaint would be acknowledged within three working days and a full response would be provided to the patient within 20 working days. This was seen to be followed. We saw a complaints log which listed seven complaints received since April 2015. Complaints seen came from a variety of sources which included telephone, letter and email. We were told all but one of these complaints had been resolved with a satisfactory outcome and one was ongoing.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of a practice manager who was responsible for the day to day running of the practice.

The company had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. The system of policies and procedure were held on the company intranet called the 'nerve centre' this enabled all staff to access these policies as required. We saw that these policies and procedures including COSHH, fire and Legionella were well maintained and up to date. We saw examples of monthly staff meeting minutes, which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients.

Underpinning the governance arrangements for this location was a practice manager who was responsible for the day-to-day running of the practice. A lead dental nurse supported them in their role. The practice had a clinical support manager who was a dentist who provided clinical advice and support to the other dentists and dental nurses working in the practice. The clinical support manager had appropriate support from an overall company clinical director.

Leadership, openness and transparency

The corporate provider had in place a system of managers who provided support and leadership to the practice manager. We found staff to be hard working, caring towards the patients and committed to the work they did. We saw evidence from staff meetings that issues relating to complaints and compliments, practice performance including the quality of care provided was openly discussed and addressed by the whole team.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this was underpinned by an appraisal system and a programme of clinical audit. With respect to clinical audit, we saw results of audits in relation to clinical record keeping, the quality of X-rays and infection control which demonstrated that good standards were being maintained.

For example we saw the record keeping audits for each dentist. These contained a detailed analysis of the findings by the Clinical Support Manager. They would then provide useful hints and tips as to how the dentists could improve their standards. Each dentist was also given a red, amber or green rating of their records. The governance lead for the company explained that any dentist rated red would be invited to discuss the findings with the company Clinical Director who would then arrange for further training or support.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, compliments and complaints. For example, as a result of patient feedback darker tinted patient eye protection glasses were introduced.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice since April 2015 and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the practice manager listened to their opinions and respected their knowledge and input at meetings.