Oracle Dental Group

Oracle Dental Group - Coggeshall

Inspection Report

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Date of inspection visit: 23 February 2016
Date of publication: 19/04/2016

Overall summary

We carried out an announced comprehensive inspection on 23 February 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.

Oracle Dental Group - Coggeshall offers private dental care services. The services provided include preventative advice and treatment, routine restorative and a full range of private dental options. The practice is open 8.30am to 6pm Monday and Tuesday, 9am to 7.30pm Wednesday 9am to 5pm Thursday and 8.30am to 1pm on Friday. The premises are wheelchair accessible.

The practice has two dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care is provided on two floors and has a reception and waiting area on the ground floor.

The practice has two dentists; they are supported by two part time dental hygienist/therapists, dental nurses, receptionists and a practice manager. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered 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.

Our key findings were:

Summary of findings

- There were effective systems in place to reduce the risk and spread of infection.
- There were systems in place to check all equipment had been serviced regularly.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.

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

- Review systems to seek feedback from patients about the services they provided.
- Review portable appliance testing (PAT) ensuring it is carried out in line with the Health and Safety Executive recommendations.

Review local x-ray rules to ensure they are kept within a radiation protection folder.

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.

There were systems and processes in place to ensure all care and treatment was carried out safely. Staff understood their responsibilities to raise concerns, to record safety incidents and to report them internally and externally where appropriate.

Risk assessments, relating to the health, safety and welfare of patients were completed, reviewed and plans for mitigating reoccurrence identified and actioned. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained and reviewed before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained, skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

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

Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Oral health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment was successful and effective.

Are services caring?

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

The staff provided patients with treatment that was personalised specifically for them. Their assessment of treatment needs took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and told us how they were treated with dignity and respect at all times. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Summary of findings

Staff took time to interact with patients and those close to them in a respectful, appropriate and considerate manner. Patients told us they felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

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

Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet.

Appointment times were scheduled to ensure patients' needs and preferences were met. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain, extending their working day if necessary. There was evidence of reasonable effort and action to remove barriers when patients find it difficult to access or use the service.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practices vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development. However there were no systems in place for the views of the patients to be heard or acted on.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Oracle Dental Group - Coggeshall

Detailed findings

Background to this inspection

This announced inspection was carried out on 23 February 2016 by an inspector from the Care Quality Commission (CQC) and a specialist dental advisor.

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.

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received.

During the inspection we viewed the premises, spoke with dentists, dental nurses, receptionists and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of any complaints received in the last 12 months.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Openness and transparency about safety was encouraged. Staff understand and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. The practice had an incident reporting system in place along with forms for staff to complete when something went wrong, this system also included the reporting of minor injuries to patients and staff. There had been no reported incidents for the past two years.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received to a dedicated email address and actioned by the practice manager who would print a copy of the alert and discuss it with staff. Any alerts were added to the next meeting agenda for a full discussion. Where they affected patients, it was noted in their electronic patient record which alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk identified was recorded and graded. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. All staff at the practice had received safeguarding training that was relevant, and to a suitable level for their role. The registered manager was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by certificates seen in their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medicines issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded electronically in the patient's dental care record. Staff spoken with were able to demonstrate a good level of knowledge about the effects of patients with impaired mental capacity. They were able to explain how they would make sure they worked within the requirements of the Mental Capacity act 2005 to ensure patients were able to make an informed decision about their treatment.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had processes and polices in place to mitigate injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

We asked the dentist to explain their procedure and the use of instruments used during root canal treatment. They explained that these instruments were single use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. (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). This was also confirmed when we spoke to other dentists. 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.

Medical emergencies

Staff had the training skills and up to date knowledge to recognise and respond appropriately to signs of deteriorating health and medical emergencies. The

Are services safe?

practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice had systems in place to ensure sufficient numbers of suitably qualified, competent skilled staff were employed to make sure patients care and treatment needs were met.

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at staff files and found that the process had been followed.

All clinical staff at this practice were qualified and registered with the General Dental Council GDC. There were copies of current registration certificates and personal indemnity insurance. (Dental professionals are required to have these in place to cover their working 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 manager and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B. There were robust processes in place to monitor and reduce these risks so that staff and patients were safe.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist off the premises.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised, these processes were compliant with relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance

with current guidelines and supported by a practice protocol. A formal Legionella risk assessment had not been carried out by an appropriately qualified and competent person however; water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems. We discussed this with the dentist and practice manager and they informed us they would ensure a formal risk assessment would be carried out in the near future.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice maintained a comprehensive record of all equipment including dates of when maintenance contracts required renewal. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. However we noted the date of the portable appliance testing (PAT) was last carried out in 2008.

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Prescription pads were stored in the treatment rooms when in use and in a locked cabinet in the office when the surgery was not in use. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had radiation protection information we did see record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. The practice told us only the dentists were qualified to take X-rays. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all treatment rooms but not within a radiation protection folder. We also noted that Health and Safety Executive (HSE) notification had not been submitted when the X-ray equipment was replaced. We discussed this with the manager and they told us they would complete the required notification within 24 hours.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

There was a holistic approach to assessing, planning and delivering care and treatment to people who use the practice. New evidence based techniques and technologies where available were used to support the delivery of high-quality care. The practice kept up to date detailed electronic care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC). This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and any signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Health promotion & prevention

Information about patients' care and treatment, and their outcomes, was routinely collected and monitored. This included assessments, diagnosis and referrals to other services. This information was used to improve care. Outcomes for patients at the practice were positive, consistent and met patient's expectations.

Two part time dental hygienists worked at the practice. They and the dentists provided patients with advice to improve and maintain good oral health. Staff we spoke with were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. Staff told us they often implemented this toolkit in their daily practice.

The dental hygienists focused on treating gum disease and giving advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Management was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All dental professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support of a dental nurse.

Working with other services

The systems to manage and share the information that is needed to deliver effective care were coordinated across services and supported integrated care for patients at the practice. The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. We saw that referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any serious

Are services effective?

(for example, treatment is effective)

concerns during the examination of a patient's soft tissues. The practice manager explained how advanced periodontal cases were referred for specialist treatment. (Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

Consent to care and treatment

Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment. We spoke with the dentist about how they implemented the principles of informed consent; the dentist had a very 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 clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005 relevant to dental practice. The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient (if that was deemed appropriate) to ensure that the best interests of the patient were met. Where patients did not have the capacity to consent, the dentist acted in the patients best interests and all patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

There was a strong, visible, patient-centred culture. Staff were motivated to offer care that was kind and promoted patient's dignity. Relationships between patients registered at the practice were strong, caring and supportive. These relationships were highly valued by all staff and promoted by the dentists.

Information from patients we spoke with gave a positive picture of their experiences. Patients described the service they received as being excellent and described the staff team as professional, caring and pleasant. Patients were also complimentary about the helpfulness of reception staff that recognised and accommodated their individual needs when they visited the practice.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contact them at home later that day or the next day, to check on their welfare.

Patients told us they felt listened to by all staff. We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room. Reception staff were polite and friendly in all situations

Involvement in decisions about care and treatment

Patients who were registered at the practice were active partners in their care. Staff were fully committed to working in partnership with patients. Patients' individual preferences and needs were always reflected in how their treatment was delivered. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. All staff had received training in the Mental Capacity Act (MCA) 2005.

Patients told us that staff responded quickly and compassionately if they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patient's individual needs and preferences were central to the planning and delivery of tailored care. The dentists were flexible, provided choice and ensured continuity of care. The practice provided patients with information about the services they offered in leaflets and on their website. The services provided included preventative advice and treatment and routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen that day.

The dentists and dental nurse we spoke with told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us they had flexibility and choice to arrange appointments in line with other commitments.

Tackling inequity and promoting equality

There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets their needs and promoted equality. This included patients who had mobility restrictions. The practice has a surgery on the ground floor with doors wide enough for wheelchairs and prams. The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients.

Staff we spoke with explained to us how they supported patients with additional needs such as those who may be hard of hearing or sight impairment. They ensured patients were supported and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Patients could access appointments and services in a way and at a time that suited them. There was a practice website with information about the practice, treatments on offer, payment options and contact details. There were general leaflets about the provider and a leaflet tailored specifically for the practice location with details of their opening times and contact details.

Appointments were booked by calling the practice, or in person by attending the practice. All patients received a text or phone call two days before their appointment to remind them and ensure they still wanted to attend.

Feedback received from patients indicated that they were happy with the access arrangements. All the patients we spoke with were aware of how to access emergency treatment if it was required.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist was running behind time they always let patients know.

Concerns & complaints

The practice had systems and processes in place to investigate complaints although they had not received any written complaints in the last two years. There was openness and transparency in how complaints would be dealt with. Complaints and concerns would be taken seriously, responded to in a timely way and listened to. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for dentists in England. There was a designated responsible person who would handle complaints about the practice. Patients were provided with information in the patient leaflet which described how complaints would be dealt with and responded to. Staff told us they raised informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this practice consisted of the principle dentist and the practice manager who was responsible for the day to day running of the practice. We saw a number of policies and procedures in place to govern the practice and we saw these covered a wide range of topics. For example, control of infection and health and safety. We noted management policies and procedures were kept under review by the practice manager and practice owner. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

Throughout the inspection we saw evidence that the practice had a culture that encouraged candour, openness and honesty at all levels. Staff spoken with told us it was an integral part of the practice culture that supported organisational and personal learning. They reported the practice manager and dentists were very approachable and available for advice where needed. The dental nurse we spoke with told us they had good support to carry out their individual roles within the practice.

The principal dentist and practice manager provided clearly defined leadership roles within the practice. Staff told us there were monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments, to make suggestions and provide feedback to the practice manager and principal dentists.

Learning and improvement

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, referrals to other services, clinical record keeping and X-ray quality. There was evidence of repeated audits at appropriate intervals and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current guidelines. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources and media provision. Staff were given time to undertake training which would increase their knowledge of their role. We found that the practice undertook 'lunch and learns' where new techniques and dental materials were discussed.

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). All staff had annual appraisals where learning needs and aspirations were discussed.

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

There was a limited approach to obtaining the views of people who use services and other

stakeholders. The practice did not have systems in place to involve, seek and act upon feedback from people using the practice for example carrying out annual patient satisfaction surveys.

Staff spoken with told us they felt included in the running of the practice and how the dentist and practice manager listened to their opinions and respected their knowledge and input at meetings