The Tooth Booth Group Limited

Tooth Booth Datchet

Inspection Report

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Date of inspection visit: 12/07/2016
Date of publication: 11/08/2016

Overall summary

We carried out an announced comprehensive inspection on 12 July 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
Tooth Booth operates from commercial premises providing NHS and private dentistry for both adults and children. The practice is situated in Datchet, a village east of Windsor, Berkshire.

The practice is based on the ground and first floor. The ground floor is accessible to wheelchair users, prams and patients with limited mobility. The practice has three dental treatment rooms, two of which are based on the ground floor. The practice has a separate decontamination room used for cleaning, sterilising and packing dental instruments.

The practice employs two dentists, one receptionist and three dental nurses, of which two are trainees and the third is also the practice manager.The practice opens Monday, Wednesday, Thursday and Friday from 8:30am to 1pm and 2pm to 6pm. Tuesday from 8:30am to 1pm and 2pm to 7pm and Saturday from 8:30am to 4pm.

There are arrangements in place to ensure patients receive urgent dental assistance when the practice is closed. This is provided by an out-of-hours service. If patients called the practice when it was closed an answerphone message gives the telephone number patients should ring depending on their symptoms.

Summary of findings

The practice manager is the registered manager. This person was responsible for two practices owned by the provider. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

During our inspection we reviewed nine CQC comment cards completed by patients and obtained the view of 13 patients on the day of our inspection.

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

Our key findings were:

- We found that the practice provided patient centred dental care in a relaxed and friendly environment.
- Staff had been trained to handle emergencies and appropriate medicines were available according to current guidelines and most of the life-saving equipment detailed in the Resuscitation Council UK guidelines was readily available.
- The practice appeared clean.
- Infection control procedures followed published guidance.
- The practice had processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting of untoward incidents that occurred in the practice. Although the system for shared learning resulting from these incidents could be improved.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) 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 we spoke with were committed to providing a quality service to their patients.
- Information from nine completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- Aspects of the governance systems of the practice required strengthening this included procedures and protocols and the written policies underpinning them.

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

- Review the storage of dental care records to ensure that records could be retrieved in a timely manner.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
- Provide an annual statement about the practice's infection control systems and processes giving due regard to the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections' and related guidance.
- Review the Continuing Professional Development (CPD) of staff in relation to safeguarding training for children and adults.
- Review the processes for shared learning following incidents and accidents occurring in the practice so that they are shared with all members of staff in a timely way.
- Review the practice's infection control policy to include how the practice meets the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the availability of a thermometer for ensuring that the temperature of the water used for manual scrubbing is below the recommended temperature of 45 degrees for this procedure.
- Review the storage of products identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the systems that are in place to meet health and safety regulations with respect to fire; including the maintenance of emergency lighting, fire drills and fire signage.
- Review the practice's recruitment policy and procedures to ensure that they are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated

Summary of findings

Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Consider the introduction of a system for collating the records of training, learning and development needs of staff members.

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 robust 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 had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults, although the amount of training received by staff should be reviewed.

No action ✓

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 (NICE) 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 (GDC) and were meeting the requirements of their professional registration.

No action ✓

Are services caring?

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

We collected nine 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.

No action ✓

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.

No action ✓

Summary of findings

Patients could access treatment and urgent and emergency care when required. The practice provided patients access to telephone interpreter services when required.

The practice had two ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

No action

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

The dentists and practice manager had an open approach to their work and shared a commitment to continually improving the service they provided.

Aspects of the governance systems of the practice required strengthening, this included some procedures and protocols and the written policies underpinning. These are detailed in the report.

There was a no blame culture in the practice. 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 owner and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Tooth Booth Datchet

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 12 July. Our inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We spoke with five 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 view of 13 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 an 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. We saw that there were two incidents recorded in the incident reporting log and these were managed appropriately. We noted however that these two incidents which occurred in March 2016 were not shared with staff until a practice meeting four months later even though there had been two staff meetings following these incidents. We were told by the practice manager that a better sharing system would be introduced as soon as practicably possible.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning, these meetings occurred around every month.

Reliable safety systems and processes (including safeguarding)

We spoke to a 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 helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used the 'scoop' method when recapping needles following the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles. Although a practice protocol was in place should a needle stick injury occur, the infection control policy did not contain a risk assessment in relation to recapping procedures and the prevention of needle stick injuries in accordance with the EU directive.

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. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They 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.

A policy and protocol 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 all staff had received some safeguarding training for both vulnerable adults and children although this needed to be reviewed to reflect the General Dental Council's recommendations for safeguarding training. Information was available 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 (AED), 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. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance on medicines for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as masks and airways, however to meet the guidelines of the Resuscitation Council UK guidelines, the practice should consider obtaining the recommended mechanical breathing aids for both children and adults. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Are services safe?

Staff recruitment

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council.

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 references.

We looked at seven staff recruitment files and records confirmed staff had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. We did note however shortfalls with respect to managing fire safety risks and the systems that mitigated further risks to patients. These included; lack of regular fire drills and emergency lighting.

We also noted that some signage relating to fire exits did not conform to current fire regulations. We saw that some dental equipment was stored in a passage way impeding the fire exit door. We pointed this out to staff who immediately moved this equipment away from the passage leading to the fire exit. A contractor visited the practice to deal with the problem of the emergency lighting during our inspection.

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 practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. We noted that the file did not reflect all of the dental materials used in the practice. We also found that substances under COSHH regulations were not stored securely in the decontamination area. We pointed this out to staff who assured us that they would be moved to a more secure area in the practice as soon as practicably possible.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. 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 and control in dental practices) Essential Quality Requirements for infection control was being exceeded. It was observed that audit of infection control processes carried out in June 2016 confirmed compliance with HTM 01 05 guidelines.

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

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse we spoke with described 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 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. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in December 2014. The recommended procedures contained in the report were carried out and logged appropriately. 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. The dental nurse we spoke with demonstrated the process from taking the dirty

Are services safe?

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 and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). We did note that a thermometer was not available for ensuring that the temperature of the water used for manual scrubbing was below the recommended temperature of 45 degrees for this procedure. When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate file.

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 in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice which was stored appropriately within the practice prior to collection. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were generally stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in April 2016 and the practice compressor in May 2016. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations during May 2014 and were due to be inspected again in 2017.

Portable appliance testing (PAT) had been carried out in November 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. 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 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 logs and a copy of the local rules.

We saw that a radiological audit for each dentist had been carried out in July 2016. 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 the 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 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The two dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists described to us how they carried out their assessment of patients for routine care.

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 mouth 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 oral hygiene instruction such as tooth 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.

Dental care records that were shown to us by the dentists demonstrated 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 tool is a simple and rapid screening tool 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 clinical aspect of the dental care records we saw were comprehensive and detailed, accurate and fit for purpose.

Health promotion & prevention

The practice was very focused on the prevention of dental disease and the maintenance of good oral health.

The dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children who were particularly vulnerable to dental decay).

Other advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. 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 the 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

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

All but one of the patients we asked told us they felt there was enough staff working at the practice. Staff we spoke with told us they felt supported by the practice owner. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice employed two dentists, one receptionist and three dental nurses, of which two were trainees and the third was also the practice manager. There was a structured induction programme in place for new members of staff.

Working with other services

The practice manager explained how the dentists worked 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. The practice maintained a central system for logging referrals to ensure that patients were managed through the referral process in

Are services effective?

(for example, treatment is effective)

a timely manner. Referral forms were scanned into the patient's computer record following referral to another provider, we saw several examples of referrals which were complete, appropriate and fit for purpose.

Consent to care and treatment

Both dentists we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist 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 went on to explain 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. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate 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. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

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 patients' privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. The paper records were stored in lockable storage space under the stairway of the practice. We did note that the records were not stored in a manner that ensured that they could be retrieved in a timely and efficient manner such as in a dedicated patient file in alphabetical order.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff 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 nine 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. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

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 dentist 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 patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice website also contained useful information to patients such as treatment costs and how to provide feedback to the practice.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment 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 made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

To improve access, the practice had level access and treatment rooms on the ground floor for those patients with mobility difficulties as well as parents and carers using prams and pushchairs.

Access to the service

Tooth Booth Datchet offered NHS and private dental care services for adults and children on Monday, Wednesday, Thursday and Friday from 8:30am to 1pm and 2pm to 6pm. Tuesday from 8:30am to 1pm and 2pm to 7pm and Saturday from 8:30am to 4pm.

All the patients we asked were very satisfied with the opening hours and were able to get appointments when they needed them.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet and on the telephone answering machine when the practice was closed.

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 two working days and a full response would be provided to the patient within ten days. This was seen to be followed.

We were told by the practice manager that learning from complaints was not recorded and a better system would be introduced as soon as practicably possible.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice owners and a practice manager who were responsible for the day to day running of the practice. The practice maintained a system of policies and procedures. Although we noted some minor shortfalls in relation to policy documents and the processes supporting practice policies. This included the way some aspects of patient records were maintained, storage of substances under the COSHH regulations, maintenance of a central training log, maintenance of emergency lighting and regular fire drills.

All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were generally kept under review by the practice manager on a regular basis.

Leadership, openness and transparency

The practice ethos focused on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice owner was proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the dental nurses received an annual appraisal.

We found there was a programme of audit taking place at the practice. These included infection control and X-ray quality. The audits demonstrated a process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

Results of the practice survey carried out between August and December 2015 indicated that 100% of patients, who responded, said they were satisfied with the quality of care they received.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had practice meetings. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.