Pomfret Duncan & Singh

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 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

Pomfret Duncan & Singh provides mostly NHS dental treatment to adults and children. It also provides a number of additional private treatments such as cosmetic crowns and tooth whitening.

The practice has four dentists working a variety of clinical sessions over a week. The dentists are supported by dental hygienists and dental nurses. A practice manager and receptionists completed the team. The practice opens from Monday to Thursday between 8am and 5pm. Appointments are available between 8.30am and 12.30pm; and between 2pm and 5pm each day.

Emergency appointments are available each day.

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.

We received feedback from 41 patients via CQC comment cards, this feedback was very positive about the care and treatment received from all staff within the practice.

Our key findings were:

- The practice recorded and analysed significant events and cascaded learning to staff.

Summary of findings

- Complaints and concerns were handled informally and were not used as an opportunity to learn.
- There were effective systems in place to reduce the risk and spread of infection.
- There were limited systems in place to check all equipment had been serviced regularly.
- Staff had received some basic safeguarding training and knew the procedures to follow to raise any concerns. This training was not to the standard expected of dental professionals.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines; however not all new guidance was being implemented.
- The practice ensured staff maintained the necessary skills and competence to support their professional registration, but other training for example the Mental Capacity Act had not been made available. Staff had not received an annual appraisal.
- The recruitment policy was not always being followed. Appropriate checks were not carried out when new staff were employed.
- 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. However records were not maintained in respect of the checks carried out for this equipment to ensure that it was working properly.
- 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, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Governance systems required updating to ensure that appropriate monitoring of the services provided were carried out to improve quality and safety.
- The practice did not have a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure patients' safety is protected by using rectangular collimation during radiation.
- Review the arrangements for staff training so that it includes role specific safeguarding children training, Mental Capacity Act 2005 and Gillick awareness training; and that staff appraisal is recorded.
- Review the staff files so that they include documentation in respect of the recruitment checks carried out.
- Make information in respect of complaints accessible to patients.
- Review the systems for monitoring the quality and safety of the services provided so that these include monitoring and auditing radiography, monitoring and checking equipment, learning from complaints and reviewing current guidance and imbedding this into practice.

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 concern, to record safety incidents and to report them internally and externally where appropriate.

Risk assessments, incidents and safety issues 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. Most equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness. However there were no records in place regarding the checks carried out for equipment for use in the event of medical emergency.

Patients' medical histories were obtained 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 some training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. 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.

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. Staff files we viewed did not have of their performance appraisal.

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 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 treatment assessments took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and 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 did not handle complaints in a consistent way in line with its policy.

Are services well-led?

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

There were systems and processes in place to identify safety issues and make improvements in procedures. However, governance arrangements were not sufficient to ensure that quality and performance were regularly considered and risks 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. There was a culture of openness and transparency. Staff at the practice were supported to complete training for their continuous professional development.

There were systems to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. Some clinical and non-clinical audits were taking place. However improvements were needed to ensure that the audit and monitoring procedures included audits round radiography, patient records, and that current guidance was regularly reviewed and followed.

Pomfret Duncan & Singh

Detailed findings

Background to this inspection

This announced inspection was carried out on 22 March 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.

We obtained the views of 41 patients who had completed CQC comment cards and we spoke with three patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists or the practice manager. We saw evidence that incidents were documented, investigated and reflected on by the practice.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the principle dentist who identified actions if required and ensured all staff were aware of the alert. All relevant alerts would be put on the next meeting agenda for a full discussion. Where they affected patients, it was noted in their electronic patient record and this also 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.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy. The staff members we spoke with had received safeguarding training and demonstrated an awareness of the signs of abuse and their duty to report any concerns about abuse. However, the training undertaken was not of the level expected for dental professionals; most staff, including one dentist and dental nurses had only received level 1 safeguarding children training.

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 medication 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 had not undertaken Mental Capacity Act 2005 training. However staff spoken with were able to explain how they would make sure they worked within the requirements this legislation 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 undertaken a sharps risk assessment to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Medical emergencies

The 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). However there was no evidence this equipment was checked on a regular basis we were told the person responsible for this role was not on shift and no other staff member had knowledge of where the schedule would be kept.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

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 six staff files and found that the recruitment process had not been followed. For example two of the files did not have an application file; three files did not have sufficient character references. We discussed this with the principle dentist who told us they were aware of the short falls and would ensure the files were updated

All 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. (Insurance 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, a pregnant person's risk assessment, 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 maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

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.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with several dental nurses they were all 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 to 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 Legionella risk assessment had been carried out by an appropriate contractor. Recommended 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.

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. The practice manager told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the prescribing, recording, 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, however the principle dentist was not aware of the reporting of adverse reactions via the yellow card system but they said they would report any reactions to the patients GP. 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 surgeries 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 a radiation protection file and a 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 surgeries and within the radiation protection folder for staff to reference if needed. However rectangular collimation were not being used by any of the dentists as recommended by IRMER guidance.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental 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 spoken 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. The comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Dental hygienists worked at the practice. They and the dentists provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken 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 brushing teeth 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 practice had some systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended. Staff training and up dates were not robust for example the practice did not carry out medical emergencies scenarios as recommended by the resuscitation council guidance. Formal training for Mental Capacity Act 2005 and Gillick competency awareness training were not evidenced. The principle dentist told us they had read the literature but they were not able to identify the implications of use within dentistry.

Records showed staff were up to date with their continuing professional development (CPD); all people 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 from a dental nurse.

Working with other services

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. 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 concerns during the examination of a patient's soft tissues.

Are services effective?

(for example, treatment is effective)

The principle dentist 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

The practice had policies and procedures in place for obtaining patients consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of 20 patient records and saw discussions about treatment and patients' consent was recorded. Patients were provided with a written treatment plan. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. 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 to ensure that the best interests of the patient were met.

Patients 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views by looking at 41 Care Quality Commission (CQC) comment cards patients had completed prior to our inspection. On the day of the inspection we spoke with three patients.

Information from patients we spoke with and from the comment cards we viewed, gave a positive picture of their experiences. Several patients described the service they received as being excellent and described the staff team as professional, caring and pleasant. In some of the comment cards patients highlighted that their dentist listened to them and took and gave them enough time during appointments. Patients were also complimentary about the helpfulness of reception staff that recognised and accommodated their individual needs when they visited the practice. Two of the cards referred to the dentists stating they were particularly gentle and one card mentioned that the dentist took into account their fears and anxieties.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Records were held securely.

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

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.

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

The services provided include 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; each dentist had designated time slots for emergency appointments.

The dentists and dental nurses 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 (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients. The waiting areas and dental surgeries located on both the ground and first floor. There was a chair lift for patients who could not climb the stairs. There was step free access from street level into the surgery via a ramp for people using wheelchairs or those with prams.

Staff we spoke with explained to us how they supported patients with additional needs such as a hearing or sight impairment. They ensured patients were supported by their carer 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

Appointments were booked by calling the practice or in person by attending the practice. All patients received a text or phone call 2 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 in the event of need.

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 a system in place for handling complaints and concerns. 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 handled all complaints in the practice.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there the system in place did not follow the practices policy. For example a complaint received in February 2016 did not have an acknowledgment sent to the patient, telephone complaints were logged but not investigated or actions identified to mitigate re-occurrence. There were no themes or trends identified and there was no evidence these complaints were discussed at meetings. Information for patients about how to raise a concern or offer suggestions was available in both waiting rooms, however there was no complaints leaflet available to describe the process for dealing with complaints, response times or how a patient may escalate their concerns should they remain dissatisfied.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and the practice manager took a lead in the day to day running of the practice.

The governance arrangements and their purpose were clear. There has been no recent review of the governance arrangements and some improvements were needed. For example, audits were not carried out to monitor radiography or audit patient's notes. Relevant professional guidance was not routinely reviewed and followed. For example rectangular collimation were not being used by any of the dentists as recommended by IRMER guidance.

There was a range of policies and procedures in use at the practice, these included health and safety, recruitment checks, fire and legionella.

Records relating to the treatment of each patient were kept electronically and in paper form. We saw that the records kept were complete, legible, accurate and up to date. The practice had policies and procedures to support staff to maintain patient confidentiality. These included confidentiality and information governance policies and record management guidance. Patients' care records were password protected and regularly backed up to secure storage.

Leadership, openness and transparency

The practice had an open and honest culture focused on delivering high quality patient centred care. We found clear lines of responsibility and accountability within the practice. Staff told us that they could speak with the registered manager if they had any concerns. Our observations together with comments from patients and staff confirmed that all staff were able to discuss any professional issues openly. Staff said they felt respected and involved in the practice.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there the system in place did not follow the practices policy.

The practice had a whistle blowing policy for staff to raise concerns in confidence. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing and who they could speak with about those concerns.

Learning and improvement

The practice aimed to deliver high quality, patient centred dental care. All staff we spoke to were aware of this value and worked towards this at all times. All clinical staff were aware of NICE and other relevant guidelines. However this was not consistently reviewed and followed.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). However staff did not receive an appraisal from which learning and development needs were identified. Staff had no training in the Mental Capacity Act 2005, and safeguarding training was not of the level expected for dental professionals

The practice held monthly staff meetings where significant events were discussed and learning was disseminated. Staff had not received annual appraisals where learning needs and aspirations could be discussed.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Patient feedback forms distributed annually by the practice were all very positive and included comments indicating they received a professional service and excellent quality care and treatment. There was also evidence of actions taken in response to patient feedback.

Feedback from patients to CQC in the comment cards received also said they were very happy with the care and treatment they received.

There were no systems in place to assess and analyse complaints or to share learning.The practice held monthly staff meetings. There was no evidence complaints would be discussed at staff meetings to encourage learning.