St Faiths Clinic Limited

St Faiths Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 May 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
St Faiths clinic is an independent dental practice with NHS contracts for specialist treatment on referral. It provides general dentistry and also specialises in providing complex treatment for patients such as oral surgery and nervous patients including those with significant anxieties about having dental treatment. The practice caters for children and adults.

The practice has four dental treatment rooms, a decontamination room for cleaning, sterilising and packaging of dental instruments. There is a reception area and waiting room on the ground floor and another waiting area upstairs on the first floor.

The practice has seven dentists, one of which is an oral surgeon, five registered dental nurses and one student dental nurse. One dental hygienist provides preventative advice and gum treatments on prescription from the dentists working in the practice. The practice also uses specialist input from three anaesthetists and four visiting specialists offering complex services for endodontics (root canal), periodontics (gums), orthodontics and paedodontics (children).

The practice also accepts referrals for computerised tomography (CT) scans which provide detailed three dimensional images of the head (including teeth and other oral structures).

Summary of findings

The practice manager and clinical team are supported by an administrator, a filing clerk and two receptionists.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 22 completed cards. These provided a positive view of the service the practice provides. We also spoke with five patients. Patients were complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice. One comment stated that the service was very good but sometimes it was difficult to get an appointment.

Our key findings were:

- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice was visibly clean and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice specialised in supporting nervous patients to overcome their anxieties about having dental treatment. Patients were particularly appreciative of the care and understanding they were shown.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice provided the option of sedation to patients and carried this out in line with guidelines from the Society for the Advancement of Anaesthesia in Dentistry (SAAD)
- The practice had a written sedation and discharge protocol which was followed by staff.
- The practice took into account any comments, concerns or complaints and used these to help them improve the 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.

The practice team took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. The practice had suitable arrangements for infection prevention and control, clinical waste management, dealing with medical emergencies at the practice and dental radiography (X-rays). Patients were offered the option of sedation during their treatment and the practice had arrangements for this to be carried out safely. We found that the equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and adults

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Arrangements for providing sedation for patients who chose this met recognised guidelines from the Society for the Advancement of Anaesthesia in Dentistry (SAAD). We saw examples of positive team work 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 who were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) this was funded by the practice and they were meeting the requirements of their professional registration.

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

We collected 22 completed CQC patient comment cards and spoke with five patients. All of the

information we received from patients provided a positive view of the service the practice provided. Patients were complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice. Patients were particularly appreciative of the care and understanding they were shown to help them overcome their fear of having dental treatment. The practice had a large volume of thank you cards which patients had sent to the staff to show their appreciation for the treatment and care they had received.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice provided clear information to patients about the costs of their treatment. Patients could access treatment and urgent and emergency care when required. The practice had one ground floor surgery and level access into the building for patients with mobility difficulties and families with prams and pushchairs. The team had access to telephone translation services if they needed this.

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

Summary of findings

The practice manager showed commitment to their work and said they were well supported by the provider. The dentists valued the practice manager's support in the management of the business and staff felt well supported by them. The practice had clinical governance and risk management structures in place. Staff were aware of the way forward and vision for the practice.

St Faiths Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 3 May 2016 by a CQC inspector who had remote access to a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose and a record of complaints and how they dealt with them.

During the inspection we spoke with three dentists, three dental nurses, the recovery nurse, the practice administrator and the practice manager. We looked around the premises and all of the treatment rooms. We a range of policies and procedures and other documents including dental care records.

We viewed the comments made by 22 patients on comment cards that we provided before the inspection and a large volume of thank you cards sent in by patients.

We informed the local NHS England area team and Healthwatch (on 15 February 2016) that we were inspecting the practice and did not receive any information of concern from them.

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

The practice had an adverse incidents reporting policy and standard reporting forms for staff to complete when something went wrong. The forms provided a clear structure to help staff record relevant information. The policy provided guidance for staff about topics they might need to record as an adverse incident. The practice team discussed any incidents there had been at their staff

meetings. We saw that these took place every month. The practice had a standard format for meetings and discussions about adverse incidents were a permanent item on the agenda. We saw that the practice manager kept detailed supporting information about incidents with the reporting forms and staff meeting notes. This enabled any staff not at a meeting to read all the relevant information.

Topics the team had discussed during 2015/16 included an engineer's report about a fault with an item of equipment, and information about procedures for dealing with injuries caused by dental needles or other sharp instruments.

The practice also discussed national and local safety alerts about equipment and medicines at staff meetings. This information was also filed with the staff meeting notes so they were available for all staff to refer to. The practice manager monitored all alerts to check if any applied to equipment or medicines used at the practice so that immediate action could be taken.

Reliable safety systems and processes (including safeguarding)

The practice manager and the principal dentist (practice owner) were the safeguarding leads. The

practice had comprehensive information available regarding safeguarding policies, procedures for reporting safeguarding concerns and contact information for the local safeguarding team.

All staff had completed safeguarding training for adults and children throughout 2015.

We spoke with a new member of staff who told us that information about safeguarding was included in their induction training. This was confirmed in their staff folder. All staff we spoke with had a good understanding of the practice safeguarding process and what they would need to do should they suspect abuse had occurred.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment and staff confirmed that they used these.

The dentists we spoke with described clear processes to make sure that they did not make avoidable mistakes such as extracting the wrong tooth. They told us they confirmed the contents of any correspondence or referrals, reviewed the patient's records and checked with the patient before they proceeded. Patient records we reviewed confirmed that these checks were carried out routinely.

Medical emergencies

The practice had arrangements 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 received 4-6 monthly training in how to use this. Staff were trained to an advanced level in life support which is a requirement of staff involved with sedation practices. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK and SAAD guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff, in the sedation treatment rooms and the recovery area. The practice also had a blood glucose monitoring kit and a vital signs unit which measured patients' blood pressure and pulse. Patients we spoke with who had sedation for their treatment told us that the dentist always used the vital signs unit during their treatment.

The practice monitored the expiry dates of medicines and equipment so they could replace out of date items promptly.

Are services safe?

The practice provided patients with details of their out of hours telephone service and took it in turns to provide on call cover. Patients who had had sedation told us they were given this information and some said that a member of the practice team had telephoned them during the evening to check that they had recovered well and were not experiencing any problems.

All the treatment rooms had telephones with a facility to alert other staff within the building in the event of an emergency.

Staff recruitment

We looked at the recruitment information of four members of staff of differing roles including dentists, dental nurses and receptionists. All of the required information was available for them and had been in place before they had contact with patients.

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had obtained DBS checks for all staff employed there.

The practice recruitment policy included specific information about the checks that St Faiths Clinic

carried out on applicants they were considering for employment. The company's documentation requirements were listed on an employment checklist which specified when these checks would be obtained and at what stage staff would be allowed to have contact with patients.

Monitoring health & safety and responding to risks

The practice had a detailed business continuity plan which described situations which might interfere with the day to day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies and practice staff. The practice manager confirmed that they and two dentists had copies of the plan at home. Essential information was always therefore available.

We looked at a full health and safety risk assessment dated April 2016 and information about remedial actions the practice had taken since. This showed that they were taking safety seriously and making any improvements when needed.

The practice had a fire safety risk assessment carried out in August 2015. We also saw evidence of routine fire checks and tests and that staff had taken part in fire drills during 2015. The practice also had carried out relevant risk assessments which covered general environmental risk factors and specific risks related to the provision of dental services, such as the use of pressure vessels.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. Two of the dental nurses shared lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. Feedback confirmed that the practice maintained high standards regarding this at all times. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building. An audit of general cleanliness at the practice was carried out every six months.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those uses for cleaning instruments.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned,

checked and sterilised instruments. All of the nurses at the practice had been trained so that they understood this process and their role in making sure it was correctly implemented. Different boxes were used to transport the dirty and clean instruments to and from the decontamination room.

The dental nurse showed us the full process of decontamination including how staff rinsed the instruments, checked them for debris and used the washer/disinfector and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM01-05 guidelines. They confirmed that the nurses in each treatment room checked to make sure that they did not use packs which had gone past the date stamped on them. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor these checks. These were fully completed and up to date. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

The practice used single use dental instruments whenever possible which were never re-used and the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a recognised flushing method to prevent a build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society (IPC). The practice also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

Equipment and medicines

We looked at the practice's maintenance information. This showed that they ensured that equipment was maintained in accordance with the manufacturer's instructions. This included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All electrical equipment had been PAT tested using an appropriate qualified person. PAT is an abbreviation for 'portable appliance testing'.

Prescription pads and medicines including those for providing conscious sedation to patients during dental treatment were securely stored and there were robust arrangements for staff access to these. We saw that medicines to reverse the effects of the sedation medicines were also available. We checked a sample of medicines and these were within their expiry dates. We saw evidence that staff recorded the batch numbers and expiry dates every time these medicines were used. The practice's records showed that they used safe levels of sedation according to the individual needs of each patient. The batch numbers and expiry dates for local anaesthetics were always recorded in the clinical notes.

Are services safe?

Radiography (X-rays)

The practice was working in accordance with the requirements of the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We saw evidence that monthly audits were carried out for each dentist's X-rays. This audit looked at the quality and accuracy of the images. The dentists could monitor their own and each other's performance because they had access to the audits. The audits were analysed so that overall monitoring of quality of the X-rays taken at the practice could be determined.

The dentists and dental nurses involved in taking X-rays had completed the required training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

All of the patients who completed comment cards or spoke with us were positive about the practice. Several patients described the success of their treatment and spoke of the appreciation they had for the improvements this had made to their quality of life and general well-being.

We saw a range of clinical and other audits that the practice carried out during 2015/16 to help them monitor the effectiveness of the service. These included recovery following sedation, quality of clinical record keeping, quality of dental radiographs, Implant failure and infection prevention control procedures. The practice had undertaken an audit of patient waiting times and the availability of appointments which identified room for improvement and they were working on this. An audit of medical histories had showed that 80% of patients' notes had this recorded. The practice planned to repeat the audit to check that this had improved. The other audits all showed good results and little or no remedial action had been required regarding these, such as the implant failure audit which indicated a 97% success rate.

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs and views about the outcomes they wanted to achieve. Many of the patients treated at the practice received complex dental care due to significant issues with their teeth and/or gums or required oral surgery procedures. Some patients we spoke with had medical conditions which they said their dentist had taken into account. Patients told us that the dentist had consulted their GP before proceeding with their treatment and dental care records confirmed this.

The clinical records we saw were well structured and contained sufficient detail about each patient's dental treatment. We saw detailed entries about the discussions regarding treatment options. All the patients we spoke with were satisfied that their dentist had given them thorough information.

The records contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed). The dentists we spoke with were aware of various best practice guidelines including National Institute for Health and Care Excellence (NICE) guidelines and the Faculty of General Dental Practice Guidelines. They discussed with us how they put this guidance into practice in relation to recall intervals, antibiotic prescribing, wisdom tooth extractions and X-ray frequency.

Health promotion & prevention

The practice was aware of the Public Health England "Delivering Better Oral Health" guidelines and were proactive in providing preventative dental care as well as providing restorative treatments. Dental care records that we viewed illustrated that discussions were carried out on smoking cessation and eating a healthy diet where required and patients we spoke with told us that they had been encouraged to stop smoking.

The water supply in West Sussex does not contain fluoride and the practice offered fluoride varnish applications as a preventative measure for both adults and children. The practice advised patients on how to achieve good oral health and maintain it.

Staffing

The practice manager was an experienced manager in the dental sector and had been at the practice for a number of years. The principal dentist told us that they had significantly improved the management and organisation of the practice since they took over the practice.

We looked at a sample of four staff files for members of the clinical team which showed that they had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council (GDC). This included advanced life support for both adults and children, infection control, child and adult safeguarding, dental radiography (X-rays), and other specific dental topics. The staff files also contained details of confirmation of current (GDC) registration, current professional indemnity cover and immunisation status.

As the practice provided sedation for patients who wished to have this we discussed this in detail with one of the dentists. They showed a clear understanding of the importance of assessment and pre-sedation checks and had completed post graduate training. The dental nurses had completed training in this aspect of treatment.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had written procedures for receiving and making referrals to other services and a process for following up referrals. We noted one example of a referral for treatment by a hygienist which was recorded in a patient's records supported by a detailed treatment plan. The practice could show that it referred patients to other services when necessary and made evidence based decisions about this.

Consent to care and treatment

The practice had a consent policy which was up to date and based on guidance from the General Dental Council (GDC). All of the patients we spoke with confirmed that their dentist gave them clear information about their treatment options so that they could reach an informed decision about the treatment they would have. They told us that they had been given more than one option and that the information included the benefits and risks of each of these together with details of how much each option would cost.

Specific consent forms were available and being used for patients choosing to have sedation for their treatment. Patients told us that they were always given enough time to give thought to go ahead with treatment and that the dentists often suggested they took some time to think and discuss this with their family.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice did not generally provide complex treatment for patients where this was likely to apply. However, the dentist we spoke with had completed MCA training and was aware of the relevance of the act in dentistry as were other staff.

Staff at the practice had completed training about the MCA and consent during 2015. This also included information about Gillick competence. The Gillick competence test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The practice offered a sedation service to adults and children and they obtained formal written consent from patients before proceeding. We saw that the consent form provided guidance to patients for before and after their treatment.

Decisions to use sedation were made in consultation with patients and included in their written treatment plans. Patients told us that their dentist discussed and explained the sedation process to them in detail and that staff looked after them very well throughout and after their treatment. All the patients we spoke with who had sedation for their treatment told us that the practice always made sure they were well and had someone with them before they left the practice and stressed to them that they must not drive or go home on their own. The practice provided patients with written guidance about this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All of the information we received from patients provided a positive view of the service the practice provided. Patients were complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice.

Patients were particularly appreciative of the care and understanding they were shown to help them overcome their fear of having dental treatment. During the inspection we observed staff dealing with patients as they arrived for their appointments. We saw that the staff knew patients well and that patients were at their ease and relaxed. All the staff we met spoke about patients in a respectful and caring way and were aware of the importance of protecting patients' privacy and dignity.

Several patients described the extent of their fear of dental treatment and how the team at the practice had worked with them to support them and enable them to largely overcome this. One person described frequently phoning the practice in tears and told us that the staff were always kind and supportive. Another patient told us they had worried that the practice would think they were too old to worry about their appearance but that the dentist had been sensitive towards them about this.

Involvement in decisions about care and treatment

Patients we spoke with during the inspection told us that the staff and dentists were very thorough in their explanations of their possible treatment options. This view was echoed in the comment cards we received. Patients told us and we saw in records, that they were provided with several

options together with the possible risks and benefits of each of these and how much each option would cost. Several patients mentioned that their dentist discussed the time and emotional commitment each option would involve as well as the financial cost. All the patients we met told us they had received this information in writing. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided both NHS and private treatment which patients could choose from. The practice provided information about all the types of treatment available and their costs, this was also on display in the waiting rooms and in the practice leaflet.

Care and treatment was planned and delivered by trained, registered and qualified staff; this ensured people's safety and welfare. A detailed medical history was taken for each person; records demonstrated that this was updated at each consultation. Staff told us and we saw that there was a system that flagged up any health risks when the person's file was accessed. This indicated people with health conditions were given the most suitable treatment for their needs.

Tackling inequity and promoting equality

The practice had access to a telephone translation service if they needed this. One of the staff was experienced in sign language and had used this skill to help patients understand their treatment options.

There was level access into the building with a treatment room on the ground floor. . There was also an accessible toilet which was spacious. Staff explained to us that a number of their patients were aging and they were increasingly needing to take frailty and limited mobility into account when providing services.

Access to the service

The practice was open from 8.30am to 5.00pm Monday to Fridays. Appointments out of hours and on Saturday mornings were arranged as and when requested. The practice aimed to provide same day emergency access during opening hours and provided an on call arrangement for when the practice was closed. Information about the out of hour's service was available in the practice, on the answer phone message and in the practice leaflet. The practice also shared details on how to access the NHS emergency out of hours care.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. This contained information about relevant external bodies that patients could contact about their concerns if they were not satisfied with how the practice dealt with them.

We looked at information available about comments and compliments and complaints. The information showed that seven complaints had been received. Six of the complaints received had been acknowledged, investigated and responded to in a timely way. One was still ongoing and we saw that the patien had been kept informed at each stage of the process. Patients we spoke with told us that they felt confident in raising any issues or concerns with the practice. However none of the patients we spoke to had cause to make a complaint as they were happy with the quality of care they had received.

Are services well-led?

Our findings

Governance arrangements

We saw and discussed information about audits that had been carried out at the practice. We noted that there was a commitment to clinical governance and all aspects of the service provided was scrutinised through audit activity. The programme checked different areas of the service which included, but was not limited to, sedation practices, implants, infection control, X ray equipment, the quality of X -rays, patient's records, patient satisfaction and dental waste.

We saw evidence of a number of audits. These covered areas such as radiation protection, fire safety, safeguarding, health and safety issues and infection control. We noted that an auditing system was used to ensure that all emergency medicines had not expired and that equipment, such as oxygen cylinders were effective and in good working order.

Leadership, openness and transparency

The practice had a strong leadership structure which was led by the principal dentist. Staff were experienced, suitably qualified and worked closely as a team. We observed an effective team in a relaxed atmosphere. Staff told us that they felt supported and it was a lovely place to work and that they could talk to the owner or the practice manager about anything.

Learning and improvement

The practice recognised the value of developing the staff team through learning and development. We found that the clinical staff had all undertaken the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC).

The practice held staff meetings on a monthly basis. We saw that staff were encouraged to take part in the content of these meetings. This included individual staff presenting agenda items for consideration and discussion at the meetings

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

St faiths Clinic carried out ongoing surveys of patients views about the practice. We saw the results of the most recent surveys which had been collated to provide an overview of the results. These showed high levels of satisfaction in all of the twelve areas covered. These included questions about the friendliness of staff, ease of gaining appointments and how long people had to wait to go in for their appointment through to being given clear information about treatment options and cost and being confident in the care and treatment provided.

The practice manager and principal dentist told us that recent changes resulting from patient feedback had included the addition of a extended recovery area where patients and their companions could stay until they felt they were ready to make their way home. The recovery area was spacious, quiet, bright and airy. Also patients had requested more male orientated magazines in the waiting area and this had been actioned with a variety of new magazines available.

Staff told us that the practice manager and dentists were approachable. The practice meeting minutes showed that all staff took an active part in these meetings and could raise topics for discussion.