Portman Healthcare Limited

Hereford Dental Clinic

Inspection Report

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Date of inspection visit: 6 January 2015
Date of publication: 19/03/2015

Overall summary

We carried out a comprehensive inspection of Hereford Dental Clinic on 6 January 2015.

Hereford Dental Clinic is a private dental practice which provides general dentistry and also specialises in providing complex treatment for patients with extensive tooth and gum problems and for nervous patients including those with significant anxieties about having dental treatment. The practice caters for children and adults and is close to Hereford city centre.

The practice is situated in a converted end terrace house. The practice has four dental treatment rooms and a decontamination room for cleaning, sterilising and packaging dental instruments. The reception area and waiting room are on the ground floor.

The practice has a full time practice manager who is registered with the Care Quality Commission as the registered manager. They are legally responsible for making sure the practice meets the regulations from the Health and Social Care Act 2008 relating to the quality and safety of care.

The practice has seven dentists, a clinical dental technician and four dental nurses. A dental hygienist provides preventative advice and gum treatments on prescription from the dentists working in the practice. The practice also uses specialist input from a consultant anaesthetist, a clinical dental technician and a dental hypnotist. The practice manager and clinical team are supported by a patient co-ordinator and two receptionists.

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 14 completed cards. These provided a positive view of the service the practice provides. We also spoke with five patients on the day of the inspection. Patients were complimentary about the friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice.

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.

Summary of findings

- 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 took into account any comments, concerns or complaints and used these to help them improve the practice.

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

- Develop a written sedation and discharge protocol.
- Develop the content of treatment plans for referrals to other members of the practice team and external dental professionals.
- Introduce a process for assuring themselves that these members of the team who are self employed have a good understanding of safeguarding arrangements.

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?

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?

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). However, the practice did not have a formal written protocol for sedation and for the discharge of patients following treatment under sedation. 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) and were meeting the requirements of their professional registration.

Are services caring?

We collected 14 completed CQC patient comment cards and spoke with five patients during the inspection. 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.

Are services responsive to people's needs?

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?

The practice manager showed commitment to their work and said they were well supported by Portman Healthcare (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.

Hereford Dental 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 and to pilot a new inspection process being introduced by the CQC.

The inspection was carried out on 6 January 2015 by a CQC inspector and a dentist 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 one dentist, two dental nurses, a receptionist and the registered manager. We looked around the premises and some of the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records..

We viewed the comments made by 14 patients on comment cards that we provided before the inspection

We informed the local NHS England area team 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

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 about three times a 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 2014 included an engineer's report about a fault with an item of equipment, information about procedures for dealing with injuries caused by dental needles or other sharp instruments, the first aid staff gave a patient who fell on the pavement outside the practice, and the actions taken when the practice had a power failure.

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 was the safeguarding lead. The practice had comprehensive information available regarding safeguarding policies, procedures for reporting safeguarding concerns and contact information for the local multi-agency safeguarding hub (MASH). The patient information folder in the waiting room contained details of the practice's safeguarding arrangements.

All of the employed members of the team had completed safeguarding training for adults and children in September 2014. This was provided by the practice manager using learning materials they had developed. We saw that they had based these on national and local safeguarding guidance. We spoke with a new member of staff who told us that information about safeguarding was included in their induction training. Some members of the team were self-employed. The practice manager explained that they gave these staff copies of the practice's safeguarding training information but they did not take part in the training. The practice manager had no formal process for assuring themselves that these members of the team had a good understanding of safeguarding arrangements.

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 dentist 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 reports, reviewed the patient's records and checked with the patient before they proceeded.

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.

We saw that dental treatment rooms, decontamination room and the general environment was clean, tidy and clutter free. Patients told us that the practice was always clean when they came for appointments. The patients we spoke with on the day confirmed that the practice had high standards in respect of cleanliness and hygiene and said they were reassured by the precautions they saw staff taking.

Are services safe?

The practice had a separate decontamination room where instruments were cleaned, sterilised and packed ready to be used again. They had a well-defined system which separated dirty instruments from clean ones in the decontamination room and in the treatment rooms.

One of the dental nurses explained their system for cleaning, sterilising and packing equipment to us. We saw that the packs of sterilised instruments were dated with an expiry date in accordance with current HTM01-05 guidelines. The nurse showed us how the practice checked that the autoclaves (equipment used to sterilise dental instruments) and other equipment, were working effectively. They showed us the paperwork which staff 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 had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The decontamination room and treatment rooms all had designated hand wash basins separate from those used for cleaning instruments.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium that can contaminate water systems in buildings. 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 continuous dosing 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 current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society. The most recent audit showed that the practice had improved since the previous one.

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 single use dental syringes 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 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.

The practice only offered a sedation service to adults 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. The practice did not have a written protocol for sedation although patients told us 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 had 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.

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, practice staff and Portman Healthcare head office support staff. The practice manager confirmed that they and two dentists had copies of the plan at home and that head office also had one. Essential information was always therefore always available.

We looked at a full health and safety risk assessment dated February 2014 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 which was due to be updated during 2015. We also saw evidence of routine fire checks and tests and that staff had taken part in fire drills during 2014. 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.

The patient information folder in the waiting room contained details of the practice's policy regarding violence and aggression towards staff, fire procedures, and health and safety.

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 received annual training in how to use this. 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 guidelines.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. 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.

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 for two staff of the team who had started at the practice in the last year. 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 did not include specific information about the checks that Portman Healthcare carried out on applicants they were considering for employment. The company's documentation requirements were listed on an employment checklist but this did not specify when these checks would be obtained or at what stage staff would be allowed to have contact with patients. We noted that the company relied on the use of written information from applicants rather than using a structured application form. This did not provide them with an opportunity to ask applicants for all the information required by Regulation 21, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. Three days after the inspection the practice manager sent us two new procedures which Portman Healthcare had

Are services safe?

produced since the inspection. These related to which staff they would obtain DBS checks for and how they would ensure they obtained all the required information about new employees.

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 the practice manager carried out a monthly audit of each dentist's X-rays which looked at the quality and accuracy of the images. They had received the necessary training to equip them to do this. The dentists could monitor their own and each other's performance because they had access to the audits. The audits were sent to head office so that they could monitor the overall quality of the X-rays taken at the practice.

The practice manager, dentists and dental nurses involved in taking X-rays had completed the required training. Some dental nurses had not completed radiography training and so did not take part in taking X-rays. However, they did process X-rays and it would be best practice for them to also complete radiography training.

Are services effective?

(for example, treatment is effective)

Our findings

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 going ahead with treatment and that the dentists often suggested they take some time to think and discuss this with their family.

The Mental Capacity Act 2005 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.

Staff at the practice had completed training about the MCA and consent during 2014 as part of a practice meeting. We saw that the materials used for this training included guidance from CQC and from the General Dental Council (GDC) and 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 patient information folder in the waiting room contained details of the practice's policy regarding consent.

Monitoring and improving outcomes for people using best practice

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 2014 to help them monitor the effectiveness of the service. These included the success of dental implant and endodontic (gum) treatments, success rates of other restorative dental treatments, quality of clinical record keeping, quality of dental radiographs, and infection prevention control procedures. The practice had undertaken an audit of patient waiting times 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 manager planned to repeat the audit to check that this had improved. The other audits all showed good results and no remedial action had been required regarding these.

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. Some patients we spoke with had medical conditions which they said their dentist had taken into account. These patients told us that the dentist had consulted their GP before proceeding with their treatment.

The clinical records we saw were generally well-structured and contained sufficient detail about each patient's dental treatment. We identified that in some cases more detail could have been recorded about the discussions regarding treatment options. However, all the patients we spoke with were satisfied that their dentist had given them thorough information.

The practice told us that all of the dentists at the practice were trained to carry out endodontic (root canal) treatment. A dentist with a special interest in this area worked at the practice part time to carry out endodontic treatment. Patients who needed more complex root canal treatment were referred to this dentist.

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

Are services effective?

(for example, treatment is effective)

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.

Working with other services

The practice did not have written procedures for receiving and making referrals to other services or an explicit 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 but was not supported by a detailed treatment plan. However the practice could show that it referred patients to other services when necessary and made evidence based decisions about this.

Health promotion & prevention

The dentists and dental hygienists at the practice recognised the importance of preventative dental care as well as carrying out restorative treatments. The water supply in Hereford does not contain fluoride and the practice offered fluoride varnish applications as a preventive measure for adults and for children.

Two dental nurses had completed extended training in oral health education and the practice was aware of the Public Health England 'Delivering better oral health' guidelines.

Staffing

The practice manager was an experienced manager in the dental sector and had been at the practice for about a year. The dentist we spoke with told us that they had significantly improved the management and organisation of the practice since they joined the team.

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. This included cardio pulmonary resuscitation (CPR), 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 General Dental Council (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 and were all booked to attend training provided by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) during 2015.

Are services caring?

Our findings

Respect, dignity, compassion and 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 and when they were speaking with them to ask if they would like to speak with an inspector. 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.

The patient information folder in the waiting room contained details of the practice's policy regarding privacy and record keeping.

Involvement in decisions about care and treatment

Patients we spoke with during the inspection told us that the patient coordinator 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 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 although this could have been more detailed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided general dentistry and also specialised in providing complex treatment for patients with extensive tooth and gum problems and for nervous patients including those with significant anxieties about having dental treatment. All treatment provided by the practice was private and we learned from patients that the practice provided various options for paying for treatment. Information about basic treatment costs was provided in the waiting room. Patients we spoke with confirmed that they were given detailed information about their specific treatment costs before treatment started.

The practice website provided information about the types of treatments that the practice provided. Patients making enquiries about having treatment at the practice were seen by a patient co-ordinator to provide them with initial information about the possible treatment options provided by the practice.

Herefordshire does not have fluoride in its drinking water and the practice offered fluoride varnish application for children and adults. In addition, two dental nurses had completed training to enable them to provide oral health education.

Tackling inequity and promoting equality

The practice provided private dental treatment and so was generally catering for patients with the financial means to afford it . Although Hereford has a significant eastern European community the practice manager told us that they did not have many patients who did not speak English as a first language. This was partly because several dental practices in the city had dentists who spoke other languages. The small number of patients who did need help with language brought a family member or friend with them.

There was level access into the building and one treatment room on the ground floor for patients unable to go upstairs. We spoke with one of the reception team who told us that when a new patient enquired about an appointment they always checked whether there were any specific needs the patient had which the practice needed to know about. Information about patients who might need support for any reason was included in their clinical records to make members of the team aware of this.

Access to the service

The practice was open from 8.30 to 5.30 from Monday to Friday. Appointments were available between 9am and 5pm. The dentists had their own out of hours on call rota and the practice provided patients with the number for this. The patient information folder in the waiting room contained details of the practice's policy regarding missed appointments.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. We saw that information about informal concerns were recorded by reception staff in addition to the more structured records when patients made a complaint. Complaints were discussed at the practice's staff meetings so that the practice could share the learning about these. We saw evidence that the practice responded to complaints promptly and provided patients with explanations and where necessary, apologies. The patient information folder in the waiting room contained details of the practice's policy regarding complaints.

Are services well-led?

Our findings

Leadership, openness and transparency

The practice had an appropriately qualified, experienced and empowered practice manager. They demonstrated a firm understanding of the principles of clinical governance in dentistry. The practice had been taken over by Portman Healthcare, a national company during 2014. The previous owners of the practice had remained at the practice as dentists. They had welcomed the input of the business and administrative support provided by Portman. They told us they were well supported by the organisation's clinical director and felt they were now able to focus on their own clinical work and on providing clinical leadership to other members of the team.

Governance arrangements

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.

The practice held staff meetings about three times a month and additional meetings were arranged as and when necessary to discuss specific clinical issues. We looked at the notes of three meetings during 2014. These showed that the meetings had been used to discuss a wide range of information about all aspects of the running of the practice and the care and treatment provided to patients. These included, important information about medicines for sedation and the legal implications for driving, British Dental Association guidance about advising patients about electronic cigarettes, the results of patient surveys, complaints and other significant events, data protection, privacy and records management.

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

Portman Healthcare carried out ongoing surveys of patients views about the practice. We saw the results of surveys for April 2014 to October 2014 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 told us that recent changes resulting from patient feedback had included changing the radio station played in the practice, considering providing wi-fi for patients and providing coat hooks in the waiting room. The practice had also improved communication by asking the dentists to give patients information about deposits for treatment themselves rather than leaving this for the reception staff to do. The practice had also extended its opening hours in response to patient requests for more appointment options.

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 and could raise topics for discussion.

Management lead through learning and improvement

The practice manager was an experienced manager in the dental sector and showed a clear understanding of their role and responsibilities. The practice had regular team meetings which were used to share information and to discuss significant events and complaints. These provided opportunities for shared learning within the team.