

Simdent Dental Care Limited

Benfleet Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 September 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

Benfleet Dental Centre is situated in a purpose converted building in Hadleigh, Essex.

The practice has three treatment rooms, one which is located on the ground floor and a combined patient waiting and reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice is registered as an organisation. The principal dentist is the registered manager. 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.

Four dentists, four dental nurses, one hygienist, a practice manager, practice administrator and two receptionists work at the practice.

The practice offers NHS and private general and cosmetic dental treatments to adults and children. The opening hours of the practice are 8am to 5pm on Mondays, Wednesdays and Thursdays, 8am to 7.30pm on Tuesdays, 8am to 5pm on Fridays and 9am to 3pm on Saturdays.

This inspection was unannounced so we did not send comment cards for patients to complete. During the inspection we spoke with five patients.

Summary of findings

Our key findings were:

- There was an effective complaints system and learning from complaints, accidents and other incidents was used to make improvements where this was required.
- The practice was visibly clean and clutter free and Infection control practices met national guidance.
- There were a number of systems in place to help keep people safe, including safeguarding vulnerable children and adults, health and safety and fire safety procedures and risk assessments.
- There were procedures in place for dealing with medical emergencies. Staff were trained and the practice had the recommended medicines and equipment.
- Dental care and treatments were carried out in line with current legislation and guidelines.
- Patients reported that the dentists and dental nurses were professional. Patients said that they received excellent dental care and staff were understanding, polite and helpful.
- Patients were provided with detailed information to help them understand their treatment and they were involved in making decisions about their care and treatments.
- Patients consent was obtained before treatment was carried out.
- The practice provided a flexible appointments system and could normally arrange a routine appointment within a few days or emergency appointments mostly on the same day.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service. There were systems for monitoring several aspects of the practice to help improve the quality of services provided.
- Patient's views were sought and used to make improvements to the service where these were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes in place to provide safe care and treatment and to assess and minimise risks. There were a range of risk assessments in place including fire safety, health and safety and legionella. These were reviewed regularly and appropriate action taken as needed to help keep people safe.

The practice had procedures in place to safeguard children and vulnerable adults. The dentists and dental nurses understood their responsibilities in this area. There were arrangements to ensure that staff had up to date training and staff we spoke with were aware of how to recognise and report any concerns about the welfare of patients.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines. Regular infection control audits were carried out to identify and minimise risks to patients and staff.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions.

The practice had of the recommended equipment and medicines for use in medical emergencies. There were systems to regularly check these so that they were available if needed and in date. Staff had undertaken appropriate life support training and were aware of their roles and responsibilities in relation to this.

Staff employed at the practice had been appropriately recruited and were supported to meet patients' needs.

No action



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 good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded. However patient records were not audited in line with current guidelines. For example audits were not carried out to ensure that consent and medical history information was recorded appropriately.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Patients were provided with a detailed written treatment plan which detailed the treatments considered and agreed together and the fees involved.

No action



Summary of findings

Patients were referred to other specialist services where appropriate and in a timely manner.

The dentists and dental nurses were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentists or reception staff. Staff had access to policies and there were procedures around promoting equality and diversity.

The practice encouraged patients to participate in the NHS Friends and Family Test. Comments made by patients reflected patient's high levels of satisfaction with how they were treated by staff. Patients indicated that they received excellent care and that staff treated them with kindness and compassion. They said that staff were understanding, caring, kind and sensitive particularly when patients were experiencing pain or anxiety.

Patients who we spoke with also indicated that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. Appointments could be booked in person, by telephone or online via the practice website. The practice operated a triage system to help identify and prioritise urgent same day access for patients experiencing dental pain which enabled them to receive treatment quickly. Dedicated emergency appointments were available each day.

The opening hours of the practice were 8am to 5pm on Mondays, Wednesdays and Thursdays, 8am to 7.30pm on Tuesdays, 8am to 5pm on Fridays and 9am to 3pm on Saturdays.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Complaints were investigated and responded to in a timely way and patients were provided with an appropriate explanation and an apology offered when things went wrong or patients were dissatisfied with the treatment they received.

The practice had considered the needs of patients with physical impairments and made reasonable adjustments to help accommodate these needs.

No action



Summary of findings

Are services well-led?

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

The practice had a range of systems in place to assess and monitor the safety and quality of services provided. Staff had access to appropriate policies and procedures which underpinned the day to day management of the practice.

The practice carried out regular audits to monitor its performance and help improve the services offered. For example, X-ray audits and infection control audits which are mandatory, clinical examinations and patients' dental care records audits were routinely carried out and improvements made as needed.

Staff were provided with appropriate training their learning and development were reviewed at appropriate intervals through a process of assessment, appraisal and supervision.

The practice regularly sought and acted on feedback from patients in order to improve the quality of the service provided.

No action



Benfleet Dental Centre

Detailed findings

Background to this inspection

The inspection was carried out on 12 September 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing patients and staff, observations and reviewing documents.

During the inspection we spoke the one dentist, two dental nurses, the practice administrator and one receptionist. We reviewed policies, procedures and other records relating to the management of the service. We spoke with four patients.

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 policies and procedures in place to investigate, respond to and learn from significant events, untoward incidents, accidents and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed records including the practice accident book and minutes from practice staff meetings. We saw that learning from incidents had been shared and discussed with staff.

The dentists were aware of their responsibilities under the duty of candour and there were policies and procedures in place which staff had access to and were aware of. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The principal dentist told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were reviewed and discussed with staff, action taken as necessary and the alerts were stored for future reference. Staff were able to tell us about recent alerts and to demonstrate that these had been reviewed and shared appropriately.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place, which were reviewed regularly so that they reflected current guidance. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff undertook annual training updates in adult and child safeguarding. Staff who we spoke with were able to demonstrate their awareness of the signs and symptoms of abuse and

neglect. The practice had a whistleblowing policy which was all staff we spoke with were aware of. They told us they felt confident they could raise concerns without fear of recriminations.

The dentists who we spoke with told us that they routinely used a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. We saw that where this was used a record was made within the patient's treatment notes. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice carried out regular patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The results of these were analysed and used to monitor and improve record keeping.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff undertook annual training updates in training in basic life support. The practice had an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency medicines, emergency oxygen and the AED were checked regularly.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant

Are services safe?

professional bodies and taking up references. We reviewed the personnel files for four members of staff including those who had been employed most recently which confirmed that the processes had been followed.

The practice had systems to ensure that all staff had Disclosure and Barring Service (DBS) checks. The DBS checks 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.

All members of staff had indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice appropriate policies and procedures and regularly undertook a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and risk assessment to identify and assess risks associated with the practice premises and equipment and which included guidance and manual handling and management of clinical waste.

There was a detailed fire risk assessment and this was reviewed regularly. There were procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was regularly checked and was tested and serviced annually.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

The practice had an infection control policy which reflected current guidelines and was reviewed regularly. All members

of staff undertook annual infection control training including decontamination of dental instruments. Staff had access to personal protective equipment such as disposable gloves, face masks and eye wear and received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. We saw that the practice carried out regular infection control audits to test the effectiveness of the infection prevention and control procedures from which areas for improvement were addressed where these were identified.

The decontamination of dental instruments was carried out in a dedicated decontamination room with designated 'clean' and 'dirty' areas. Staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned, sterilised, packaged and stored in line with published guidance (HTM01-05). The practice had systems for reviewing and ensuring that there were sufficient sterile instruments available to treat patients.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

Are services safe?

Clinical waste was handled safely and stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The most recent legionella risk assessment report carried out in June 2016. Areas for improvement which were identified had been acted upon such as recording the practice hot and cold water temperatures. These and other measures were taken including flushing and sterilising water lines to minimise the likelihood of any contamination.

Equipment and medicines

The practice had systems and procedures for carrying out periodic checks to equipment. Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in July 2016.

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclave and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

There were procedures in place for assessing and minimising the risk of fire. Staff undertook fire awareness training and were aware of the evacuation procedures. The practice kept and maintained appropriate firefighting equipment in place.

Local anaesthetics, antibiotics and emergency medicines were stored appropriately and accessible as needed. We found that appropriate records were kept in relation to medicines which were prescribed or dispensed including antibiotics and that prescription pads were stored securely.

Radiography (X-rays)

The practice had a radiation safety policy in place and was registered with the Health and Safety

Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records we were shown demonstrated that the dentists and dental nurses were to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000. One of the dentists was listed as the radiation protection supervisor to oversee practices and ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including

service and maintenance history.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had systems in place to regularly check that X-rays were being carried out safely and in line with current guidance. Patient records we reviewed showed that X-rays were justified and graded. There were systems in place for carrying out regular audits to assess the quality of dental X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays were appropriately justified and correctly graded to an acceptable standard.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had a range of robust policies and procedures in place for assessing and treating patients. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. The practice recorded the medical history information in the patient's electronic dental care records for future reference and patient's medical histories were reviewed prior to each consultation and examination of their oral health. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment.

The dentists told us they carried out oral examinations including an assessment of patients' gums and soft tissues to help identify abnormalities. They told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. There were systems in place making referrals and monitoring patients after they had undergone their treatment and were referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

The practice had systems for regularly monitoring dental records to ensure that they were detailed and accurate. Dental records which we were shown included a detailed description of the patient's medical history, the dental examinations and treatments carried out and discussions held with patients about the treatment options available.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care including

information on diet, alcohol and tobacco consumption and maintaining good oral hygiene. The dental records which we were shown included a summary of the advice given to patients by the dentists and the dental hygienists.

The dentist advised us they provided advice to patients in accordance with the Department of Health's guidance 'Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

Staffing

The dentists and dental nurses working at the practice were currently registered with their professional body and there were arrangements in place to ensure that the dentists were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. One trainee dental nurse was being supported to complete training towards their diploma in dental nursing.

The practice had a staff training programme, which was monitored and reviewed to ensure that staff undertook training relevant to their roles and responsibilities. For example staff completed annual training updates in areas including; infection control, safeguarding, basic life support and equality and diversity. There were systems in place to carry out an annual appraisal of individual staff performance from which a personal development plan was agreed. These development plans were reviewed periodically throughout the year to ensure that staff received the support and training to meet their needs.

Staff who we spoke with told us that they received the support and training to help them fulfil their roles and responsibilities.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations.

Are services effective?

(for example, treatment is effective)

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

The practice had systems in place to regularly monitor its referrals process to ensure that these were made in a timely way and followed up appropriately.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. Patient dental records which we were shown included details of discussions between the dentist and patient in respect of the proposed treatment. Records included details of the treatment options, intended

benefits and potential risks which were discussed. The treatment was agreed and patients consent was obtained before the treatment commenced. Staff were aware that consent could be removed at any time.

We spoke with four patients and they told us that their proposed treatment options and any associated risks or complications had been explained to them in a way that they could understand. They also told us that they were provided with a clear estimate of the cost of treatment.

These procedures for obtaining patient consent included reference to current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. These policies and procedures were accessible to staff and kept under review to ensure that they reflected any changes in guidance or legislation. The dentists who we spoke with were able to demonstrate that they were aware of or adhered to the practice MCA procedures.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to confidentially they would be offered a room to do so.

Staff understood the need to maintain patients' confidentiality. The practice had an identified lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. Staff undertook training in relation to their responsibilities in relation to handling and storing information about patients.

Comments made by patients we spoke with were complimentary about the service received. People told us that the dentists and nurses were professional, respectful, kind and caring. They said that the dentists were understanding and gentle particularly when treating patients who were experiencing anxiety or dental pain.

Involvement in decisions about care and treatment

Patients who we spoke with told us that the dentists explained their treatments in a way that they could understand. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. This was also reflected in the results from the practice patient survey.

The dentists who we spoke with demonstrated that they understood the principles of the Gillick competency test and applied it. The 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 about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area and on the practice website described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure.

The practice encouraged feedback from patients and used this to monitor the services provided to meet patient's needs.

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. An assessment had been undertaken in consideration of the needs of people with physical impairment and reasonable adjustments had been made to accommodate these needs.

The dental practice was located on ground and first floor of a purpose adapted building and had one dental surgery situated at ground level. The premises had sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery and disabled toilet facilities were provided.

The practice had equality and diversity policies and staff undertook training around the Equality Act 2010. Staff who we spoke with demonstrated that they understood this and adhered to this. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice staff told us that they could access translation services if required for patients whose first language was not English.

Access to the service

The opening hours of the practice are 8am to 5pm on Mondays, Wednesdays and Thursdays, 8am to 7.30pm on Tuesdays, 8am to 5pm on Fridays and 9am to 3pm on Saturdays. Patients could book appointments in person, by person or online via the practice website.

Patients who we spoke with said that that they could usually get an appointment that was convenient to them also said that could access the service in a timely way. Staff told us that priority would be given to patients who required urgent dental treatment. We saw that emergency appointment were available each day.

Staff told us that appointments generally ran to time and that they did not have to wait too long to be seen. This was also reflected in the comment made by patients who we spoke with.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 out of hour's service number. Patients who paid privately for their treatment were advised how they could access emergency advice and if necessary treatment.

Concerns & complaints

The practice had a complaints policy and procedures, which was in line with its obligations to investigate and respond to complaints and concerns. Information which described how patients could raise complaints was displayed in the waiting and in the practice patient leaflet. Patients could also contact the practice via the practice website.

Records we viewed showed that complaints were processed in accordance with its complaints policy. A full explanation and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.

Complaints and the outcome from complaint investigations were shared with staff to help improve patient's experiences.

Are services well-led?

Our findings

Governance arrangements

The practice had suitable governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a number of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy and there were systems in place to ensure that these were followed consistently. The policies and procedures were detailed, practice specific and kept under review to ensure that they reflected the day to day running of the practice.

The practice had systems to carry out audits of various aspects of the service such as dental records and X-ray audits in accordance with current guidelines. There were clear systems for reporting accidents, incidents and complaints and learning from when things went wrong was shared with staff and used to make improvements to the service where needed.

There were a number of systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, X-rays and X-ray equipment and legionella were regularly assessed.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. The dentist and dental nurses told us that they enjoyed working together, that they worked well as a team and supported each other. Some staff had lead roles to oversee areas such as safeguarding and infection control. Staff were aware of their roles and responsibilities in relation to these.

Staff confirmed that they enjoyed a good working relationship with clear roles and responsibilities.

The dentist demonstrated that they understood and discharged their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty. The records from the practice meetings showed that accidents, incidents, complaints and other relevant information was shared with staff.

Learning and improvement

The practice had a structured plan in place to monitor quality and safety. The results of audits, patient and staff feedback and current guidance in relation to dentistry was reviewed and shared with staff. This was used to make improvements where these were identified.

The practice had systems in place for staff to undertake an annual appraisal of their performance and other periodic reviews to help ensure that staff were supported. There were systems in place to ensure that staff undertook regular training updates in areas relevant to their roles and responsibilities.

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

The practice encouraged patients to complete the NHS Friends and Family Test surveys and these were regularly reviewed and where patients made comments or suggestions for improvement that these were shared with staff where appropriate and acted on to make any necessary improvements. We were shown the results from the patient's responses during the period between April and August 2016. These showed that on average 98% of patients were either extremely likely or likely to recommend the practice to their family and friends.

Staff told us they had the opportunity to share information and discuss any concerns or issues during their daily interactions and regular staff meetings.