Dr Defkalion Alexakis

You Smile Dental Care

Inspection Report

44 Queen Street
Market Rasen
Lincolnshire
LN8 3EN
Tel: 01673 843290

Date of inspection visit: 18 February 2016
Date of publication: 04/04/2016

Overall summary

We carried out an announced comprehensive inspection on 18 February 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

You Smile Dental Care is a single handed private dental practice on the main street in Market Rasen which is a large village in Lincolnshire. The practice is in a building that was previously an accountants and has a bright airy reception with a wheelchair friendly desk. There is two treatment rooms (though only one been used at present) a decontamination room, a separate waiting room and a disabled toilet. There is also a staff room at the back of the building. Access to the practice areas are all on the ground floor. There is free parking within walking distance. The building is accessed from the street and for those patients with limited mobility or wheelchairs there are gates at the side that can be opened electronically by reception to allow patients access to a side door and straight into the practice. there is a small step to the treatment room and the practice has a portable ramp to use if necessary.

There is one dentist, one dental nurse and one receptionist all of whom work full time.

The practice provides private dental treatment to adults and to children. The practice is open Monday to Friday from 9am to 7.30pm and Saturday 9am to 12pm once a month.

The dentist was also the owner of the practice and the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are 'registered persons'. Registered persons have legal

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The registered manager was supported in their role by the practice manager.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 19 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that it was welcoming and friendly. They said that they found the staff offered an efficient and professional service and were polite, helpful and kind. Patients said that explanations about their treatment were clear; that they were given time and all options were fully explained. Patients who were nervous commented how the dentist was understanding and patient; they were made to feel at ease and that any questions were answered.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.
- The practice did not have portable suction or an automated external defibrillator (AED)
- Audits and assessments had taken place however it was not clear that recommendations and actions had been completed.
- There was no process for reporting incidents or near misses.
- Servicing and checks of equipment had not been completed in recommended timescales such as servicing of autoclave and x-ray equipment.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review actions from audits and assessments are completed so that resulting improvements can be demonstrated.
- Implement a system and process in place to identify, report and learn from incidents and near misses.
- Review the process so that servicing and checks of equipment are monitored and completed in recommended timescales.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents although there was no process in relation to incidents or near misses. The practice staff said that there had not been any.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments.

The practice did not have access to an automated external defibrillator or portable suction.

Are services effective?

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

All staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The dentist was not fully aware of the assessment of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained, options were given and that they were able to ask any questions that they had.

Patients with urgent dental needs or pain were responded to in a timely manner with appointment slots kept each day for emergencies.

Are services responsive to people's needs?

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

The practice was well equipped. The waiting area in reception had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice provided free Wi-Fi for their patients. The practice was fully accessible for people that used a wheelchair or those patients with limited mobility.

Summary of findings

The practice had surveyed the patients and the results showed high satisfaction with little room for improvement.

Are services well-led?

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

Staff were involved in leading the practice to deliver effective care. Care and treatment records had been audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. There was an appraisal process in place and we saw that staff were receiving an appraisal each year.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

You Smile Dental Care

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 took place on 18 February 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the dentist, dental nurse, receptionist and reviewed policies, procedures and other documents. We also obtained the views of two patients on the day of our visit. We reviewed 17 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents and complaints. There was no process in place for reporting or learning from incidents or near misses although the practice staff told us that there hadn't been any to report.

There was an accident book where staff would recorded accidents such as needle stick injuries. There had been no accidents reported. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the dentist if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had not received any complaints. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception and on the staff room notice board of who to contact if they had any concerns in relation to safeguarding of children or adults. From records viewed we saw that staff at the practice had completed level two safeguarding training in safeguarding adults and children appropriate to their roles. The dentist was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with where clear on different organisations they could raise concerns with for example, the General Dental Council, or the Care Quality Commission if they were not able to go directly to the dentist. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The dentist explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice had an up to date employer's liability insurance certificate which was due for renewal November 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. However the practice did not have an automated external defibrillator (AED), which is 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. The nearest one was situated at a supermarket nearby. We spoke with dentist about this and they said that they would complete a risk assessment in relation to this situation and consider the purchase of a practice AED for the future. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates of emergency medicines were monitored by the practice using a weekly check sheet however the equipment expiry dates were not checked. We spoke with the practice owner who told us that this would be incorporated into the existing medicine checks. The practice had access to oxygen along with other related items such as manual breathing aids however they did not have portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support which had been online with interactive scenarios.

Staff recruitment

Are services safe?

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that one staff member did not have a Disclosure and Baring Service (DBS) check in place however we saw that this had been applied for when they first joined the practice. We spoke with the dentist about this and it was explained that the initial one did not appear to have been sent and had recently been applied for again prior to the inspection. These are 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.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff which was documented within the staff files of staff that we reviewed. There was also a separate induction for any dental nurses which we also saw documented in staff recruitment files. Staff we spoke with told us that they had received an induction when they started and ongoing support and training from the other staff.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety and health and safety. The practice had a legionella risk assessment that had been completed in 2013 however there was no evidence that the recommendations had been carried out nor that the management required was taking place. We spoke with the dentist who told us that they would arrange for another legionella risk assessment to take place so that they could then ensure recommendations and actions could be implemented. The dentist arranged for an assessment to be completed and following the inspection we were sent evidence to show that the assessment had been completed.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and there were records that confirmed this. The fire equipment was checked by an external company however it had not been checked in 2015 but had been checked in February 2016.

The practice had a system where policies and procedures were in place to manage risks at the practice. Policies were to be reviewed in March 2016.

The practice had a detailed disaster plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. Each member of staff was responsible for the general cleaning of a specified area. The dental nurse was responsible for cleaning and infection control in the treatment room. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment room, the decontamination room and the toilet facilities.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used safe-style needles which were the dentist's responsibility to dispose of. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking). The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste material was stored in a non-public area prior to collection by an approved clinical waste contractor.

Are services safe?

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses was knowledgeable about the decontamination process and demonstrated they followed the correct procedures.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. The autoclave and compresser had not been serviced since February 2014 which we spoke to the dentist about and we were told that this gap had been identified and had been planned for the beginning of February 2016. This had then been cancelled by the company and had been rearranged for 8 March 2016. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly and there were also audits in relation to these tests to ensure completeness and highlight any areas for improvement.

Staff files reflected staff Hepatitis B status. 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 this blood borne infection.

Equipment and medicines

Equipment checks were not regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had not been serviced since February 2014 and the practices' X-ray machines had not been serviced and calibrated since October 2012, this had already been identified prior to the inspection and the dentist had arranged for this to take place on the 8 March 2016. Portable appliance testing (PAT) had been carried out in August 2015. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. We found that the practice stored prescription pads in a secure cabinet to prevent loss due to theft.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals however this was not within the current recommended interval of three years,

and had been booked for March 2016. We also noted that Health and Safety Executive (HSE) notification had not been submitted and we spoke with the dentist who told us that this would be done.

The dentist monitored the quality of the X-ray images and digital processing on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

We saw training records that showed all staff where appropriate had received training for core radiological knowledge in line with the Ionising Radiation (Medical Exposure) Regulations 200 IR(ME)R 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health by the use of photographs taken by the dentist and shown on a screen in the surgery for the patients to view. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums recorded 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 examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The dentist used a camera that enabled photographs to be taken of the patients teeth. The dentist could use this for showing potential problems to the patient. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The waiting room and reception area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice consisted of one dentist who was supported by one dental nurse. Both of the patients we asked on the day of our visit said they had confidence and trust in the dentist. This was also reflected in the Care Quality Commission comment cards.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance. We saw the appraisals had taken place annually and that there were personal development plans for staff and training was identified. We observed a friendly atmosphere at the practice. They told us that the dentist was supportive and approachable and always available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way and followed the National Insitute for Health and Care Excellence Guidelines where appropriate. The practice had

Are services effective?

(for example, treatment is effective)

recording system for referrals. Telephone calls were made to ensure urgent referrals were received. The receptionist followed up on referrals to other services. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and verbal consent was received and recorded. The dentist was also aware of Gillick competency in young patients however further training would enhance the understanding of the assessment. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. All staff had completed online Mental Capacity Act 2005 (MCA) training and those that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

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. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The main reception area was open plan and the patients waiting area was in a separate room that could be closed. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients, and for personal discussions a separate area could be used to maintain confidentiality.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 17 completed CQC patient comment cards and obtained the views of two patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and that they felt comfortable and at ease. They said that staff were friendly and that a professional service was provided. They also said that the reception staff were always caring and efficient. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing private treatment costs and costs to private plans was displayed in the waiting area. The practice did not have a website at the time of the inspection however we were shown that there was one under construction which would provide these details. 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 patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet and complaints procedure. The complaints procedure was also available in large print. The practice also had a suggestion box for patients to express their views.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, patients would be seen the same day. The dentist would stay until 7.30pm Monday to Friday if patients needed to be seen and had slots before the session each morning for emergencies. There an answerphone message when the surgery was closed that gave details of how to access emergency care.

The practice had free wifi for their patients. The access details and password were advertised on a sign in the waiting room.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues.

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice could use a translation service if it was clear that a patient had difficulty in understanding information about their treatment. The practice owner explained they would also help patients on an individual basis if they had mobility problems. There was level access into the building and the practice had a portable ramp for patients to use if necessary for the small step into the treatment room. The dentist or nurse would assist patients if necessary from the waiting room.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Surveys that had been completed and comment cards confirmed this. Where treatment was urgent patients would be seen on the same day.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice was open Monday to Friday from 9am to 7.30pm and Saturdays 9am to 12pm once a month. The practice worked alongside three other practices in the area. Each week one dentist would provide on call cover. We saw a rota system that showed which dentist was on call for each week of 2016.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. It also included the details of external organisations such as the GDC (General Dental Council) that a patient could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Information for patients about how to make a complaint was seen in the patient leaflet, poster and a leaflet in the waiting area.

We asked patients if they knew how to complain if they had an issue with the practice. The patients said that they had never needed to but would approach the dentist if they were not happy with any thing. The lack of complaints reflected the caring and compassionate ethos of the whole practice. The dentist told us that patients would receive an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a signing sheet that all staff had completed annually to say that they had read and understood the policies and procedures and any updates.

Clinical audits had been undertaken in areas such as radiography and infection control. Non clinical audits such as record cards to monitor and improve the quality of care provided had also been carried out. However we did not see that all actions had been completed despite some findings having been repeated on more than one cycle. Discussions following audits were cascaded to other staff and discussed at practice meetings.

Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the dentist. They felt they were listened to and responded to when they did raise a concern. Staff told us they enjoyed their work and were well supported by the dentist.

It was apparent through our discussions with the dentist and nurse the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry, were happy with the practice facilities. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

Practice meetings were held and were minuted. We saw that there were standing agenda items such as infection control and equality and diversity.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurse received an annual appraisal; these appraisals were carried out by the dentist. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources and media provision. Staff were given time to undertake training which would increase their knowledge of their role.

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current guidelines. It was not clear that all actions and recommendations had been completed.

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

Staff told us that patients could give feedback at any time they visited. The practice completed surveys with patients and also invited feedback via a suggestion box.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.