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Chalkwell Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 August 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

Chalkwell Dental Practice is situated in a purpose converted building in Leigh on Sea, Essex.

The practice has four treatment rooms 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 individual. 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, four hygienists, a practice manager, practice administrator and two receptionists are employed 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 8.30am to 5.45pm on Mondays to Thursdays and 8.30am to 5pm on Fridays. The practice is open between 9am and 1pm on the last Saturday of each month for private treatments only.

We left comment cards at the practice for the two weeks preceding the inspection. 48 people provided feedback

Summary of findings

about the service in this way. All of the comments made indicated that patients were very happy with the dental care and treatment that they received and the care and compassion shown by the dentists and dental nurses.

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.
- Dental care and treatments were carried out in line with current legislation and guidelines. However patient records were not maintained to fully reflect advice given or that patients' medical histories were kept under review.
- Patients reported that they were received excellent dental care and staff were understanding, polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- 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.
- The practice kept medicines and equipment for use in medical emergencies. However these were not checked robustly and some medicines and equipment were expired or stored incorrectly.

- 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. However these did not include consistent systems for monitoring areas such as the quality of patient records, X-rays or staff training.

- Patient's views were sought and used to make improvements to the service where these were identified.

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

- Review the procedures for carrying out root canal treatments taking into account the use of a rubber dam in line with guidance issued by the British Endodontic Society.
- Review the arrangements for dealing with medical emergencies so that all of the required medicines and equipment are checked, in date and stored appropriately.
- Review the arrangements for monitoring the use of prescription pads to minimise the risk of misuse.
- Review the arrangements for monitoring the quality of X-ray images in line with the National Radiological Protection Board (NRPB) guidelines.
- Review the arrangements for monitoring record keeping in line with Royal College of Surgeons Faculty of General Dental Practice (FGDP) guidance and carry out the recommended record keeping audits.
- Review the systems for monitoring and recording staff training.

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. However not all staff had up to date training.

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.

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

The practice had a range of equipment and medicines for use in medical emergencies. However some medicines and equipment were not stored correctly or had expired. Staff had undertaken appropriate life support training.

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.

No action



Summary of findings

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.

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. However staff records were not maintained and some staff did not have updates in areas of training including safeguarding adults and children.

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 dentist or reception staff. Staff had access to policies and there were procedures around promoting equality and diversity.

Comments on the 48 completed CQC comment cards we received reflected patients 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.

No action



Summary of findings

Patients 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.

Comments on the 48 completed CQC comment cards we received included statements by patients saying they were involved in all aspects of their care and found the staff to be professional, helpful and caring.

Are services responsive to people's needs?

No action



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 or by telephone. 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 practice was open and offers appointments between 8.30am and 5.45pm on Mondays to Thursdays, 8.30am to 5pm on Fridays. Private treatments were also available from 9am to 1pm on the last Saturday of each month.

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.

Are services well-led?

No action



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

Summary of findings

The practice had a range of systems in place to assess and monitor the safety and quality of services provided. These included risk assessments in relation to fire safety, infection control and legionella.

The practice did not routinely carry out regular audits to monitor its performance and help improve the services offered. For example, X-ray audits which are mandatory, clinical examinations and patients' dental care records audits were not routinely carried out and improvements made as needed to help identify areas for improvement.

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

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.

Chalkwell Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 26 August 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 two patients and reviewed 48 completed Care Quality Commission comment cards.

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 and no incidents had been reported or identified within the previous 12 months.

The dentist was 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 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. Some but not all members of staff had received safeguarding training in adults and up to Level 2 children and young adults training. 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.

We found that most but not all dentists routinely used a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. 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. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice did not carry out 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 dentist told us that these would be implemented 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 and portable suction equipment. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly.

However we found that the oxygen had expired in September 2015 and some expired medicines which were

Are services safe?

used for staff training purposes were stored with other medicines, which could result in expired medicines being used. The expired medicines were removed by staff when alerted to our concerns.

We also found unpackaged items including airways which should be sterile at the point of use. We found that a temperature sensitive medicine (Glucagon) was not stored at the correct temperature or the expiry date adjusted in line with current guidance. Following our inspection we were provided with documentary evidence that a new oxygen cylinder had been purchased.

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 professional bodies and taking up references. The majority of staff had been employed at the practice for a number of years. We reviewed the personnel files for five members of staff including those who had been employed most recently which confirmed that the processes had been followed.

Records showed that all staff had been checked by the Disclosure and Barring Service (DBS). 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

One of the dental nurses was the infection control lead and there was an infection control policy which 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

Are services safe?

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.

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 August 2016 identified no concerns. These and other measures were taken including flushing and sterilising water lines to minimise the likelihood of any contamination.

Equipment and medicines

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. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

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.

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. However there were no systems in place for logging and monitoring their use to help minimise the risk of misuse.

Radiography (X-rays)

The practice had a radiation safety policy and the dentists were up to date with their continuing professional development training in respect of dental radiography.

We reviewed the practice's radiation protection file. There was evidence of the local rules and these were displayed in all areas of the practice where X-rays were taken. Local rules state how the X-ray machine in the surgery needs to be operated safely.

Records we reviewed showed that X-rays were justified (reason for these) and graded (to determine the X-ray quality) in accordance with the National Radiological Protection Board (NRPB) guidelines. However audits were not carried out to determine that the grading of X-rays was in line with these guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information in the patient's electronic dental care records for future reference and there were systems in place for regularly reviewing patient's medical histories to ensure that dentists were aware of the patients' present medical condition before offering or undertaking any treatment. A recent audit in August 2016 found that 30% of patients did not have a review of their medical history within the previous 12 months. The results and learning from this was shared with relevant staff and a second audit was scheduled for January 2017 to assess and monitor improvement in this area.

The dentist told us they discussed patients' life styles and behaviours such as smoking and alcohol consumption and where appropriate offered them health promotion advice. However this was not routinely recorded in the patient's dental care records.

The records showed routine dental examinations including checks for gum disease and malignancies had taken place. The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded. 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. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice.

The dentist advised us they provided advice in accordance with the Department of Health's guidance 'The 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. Where appropriate referrals made to the hygienist for oral hygiene advice and treatments.

Staffing

The dentist and dental nurses had a current registration with their professional body. The dentist and lead dental nurse told us that all relevant staff 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.

However some staff files did not contain a record of up to date training. For example; there were no records in respect of safeguarding adults and children training, basic life support or infection control for some staff.

There were arrangements for staff appraisal and identifying personal development and learning. Staff who we spoke with told us that they felt supported to fulfil their roles and responsibilities and that they worked well as a team.

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.

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.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. Staff and patients told us that consent was obtained before treatment began. Patients also confirmed that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before their treatment commenced. Staff were aware that consent could be removed at any time.

These procedures were in line with 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. Staff had not received MCA training. However those staff we spoke with understood their responsibilities in relation to this.

The dentist described how they would obtain consent from patients who they thought would experience difficulty in understanding their treatment and / or consenting to this. The process described was consistent with the provisions of the MCA. They could also demonstrate that they were aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children.

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 and those who completed CQC comment cards were very complimentary about the service received. People told us that the dentists and nurses were particularly 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 completed comment cards told us that the dentist 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 dentist 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 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 was open and offered appointments between 8.30am and 5.45pm on Mondays to Thursdays and 8.30am to 5pm on Fridays. Private dental and hygiene treatments were also available between 9am and 1pm on the last Saturday of each month. The dentist and dental nurses told us that offered flexibility in appointment times to suit patients' needs and wishes.

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 floor of a purpose adapted building. 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.

We saw that the practice had equality and diversity policy and staff 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

Patients who we spoke with and those who completed CQC comment cards said that they could always get an appointment that was convenient to them also said that they 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 appointments 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 cards we received.

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 hours service number. Private fee paying patients were provided with telephone number for one of the dentists who would provide out-of-hours advice and treatments where necessary.

Concerns & complaints

The practice had a complaints policy and procedures. This 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 area and in the practice patient leaflet.

Records we viewed showed that complaints were processed in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code were sent to patients within three days of receipt of complaints. A full response 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.

Are services well-led?

Our findings

Governance arrangements

The practice had some governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection prevention and control policy. The policies and procedures were accessible and reviewed regularly to reflect the day to day running of the practice.

However we found the practice did not have a robust system of audits or monitoring for several aspects of the service such as X-ray audits in accordance with the guidelines and patient records audits. There were also limited systems for checking emergency medicines and equipment, monitoring the use of prescription pads and reviewing staff training.

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. 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.

Learning and improvement

We saw that regular staff meetings were held where any areas for improvement arising from complaints, audits or changes to legislation or guidance were discussed and acted on to improve the services. Memos and updates were also used to inform staff of relevant information pertaining to the running of the practice.

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

The practice carried out regular patient satisfaction surveys and used these to identify areas for improvement. We also saw the results of the most recent survey in 2016. These showed that 100% of patients who participated were very satisfied with the care and services they received, access to the service and that they would recommend the dental practice.

The practice also encouraged patients to complete the NHS Friends and Family surveys and these were regularly reviewed and where patients made comments or suggestions for improvement that these were acted on.

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