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Bason and Gathercole-Uttoxeter Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 March 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

Bason and Gathercole-Uttoxeter Dental Practice is a mixed dental practice providing NHS and private treatment for both adults and children. The practice is situated in a converted commercial property. The practice had five dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care was provided on the first floor of the accommodation and was accessible by lift and stairs.

The practice was open 8.30am – 5.30pm Monday to Thursday and Friday 8.30am to 1.30pm. The practice has six dentists who are supported by six qualified dental nurses, two trainee dental nurses, two dental hygienists, two receptionists and a practice manager who also acts as a dental nurse.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 12 patients. These provided a positive view of the services the practice provides. Patients commented on the high quality of care provided by the dentists, the friendly nature of all staff and the cleanliness of the practice.

Our key findings were:

- The practice philosophy was to provide friendly patient centred care with an emphasis on the prevention of dental disease at all times.
- Staff had been trained to handle emergencies, appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures mainly followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment as well as urgent and emergency care when required.
- Staff recruitment files contained essential information in relation to Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice manager and practice owner.
- Staff we spoke to felt supported by the practice owner and practice manager and were committed to providing a quality service to their patients.
- The practice owner provided effective clinical leadership for staff working at the practice whilst the practice manager provided effective business leadership at the practice.
- The practice reviewed and dealt with complaints according to their practice policy.

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

- Review the protocols of Continuing Professional Development by introducing a more formalised system of staff appraisal with appropriate documentation.
- Review the system for identifying and diposing of out-of-date stock by introducing a stock rotation system for monitoring the expiry dates of pouched processed instruments.
- Review the system for identifying of out-of-date stock by introducing a more regular monitoring system of the emergency oxygen cylinder.

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 effective arrangements in place for infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. Staff were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff where appropriate were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 12 completed Care Quality Commission patient comment cards and obtained the views of a further seven 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 on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. The practice had access to a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. A lift was also available for patients with mobility problems to access the practice. The practice provided domiciliary dental care for those patients who were housebound this included the provision of dentures and the relief of urgent symptoms. Dentists also provided inhalation sedation for those patients who were particularly nervous about certain aspects of dental treatment. This included young children requiring fillings and extractions as well as some nervous adults.

Are services well-led?

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

Summary of findings

The practice owner and practice manager and the staff team had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had essential clinical governance and risk management structures in place. Staff told us that they felt supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Bason and Gathercole-Uttoxeter Dental Practice

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 15 March 2016 was led by a CQC inspector and supported by a dental specialist 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.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them.

During the inspection, we spoke with the practice owner, practice manager, dentists, dental hygienist, dental nurses, reception staff and reviewed policies, procedures and other documents. We also obtained the views of seven patients on the day of our visit. We reviewed 12 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 manager described an awareness and knowledge of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no incidents during 2015 that required investigation. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority by post from the local ambulance trust. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning.

Reliable safety systems and processes (including safeguarding)

We spoke to staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping using a variety of methods including the 'scoop' method and rubber and metal needle guards. The only point of note was the positioning of a sharps bin in one treatment room that could have posed a potential risk of a needle stick injury during the disposal of a contaminated needle. When we pointed this out the sharps bin was positioned to a more suitable position. A practice protocol should a needle stick injury occur was in place and displayed in the decontamination room. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments used during root canal treatment. They explained that these instruments were single use only. They also 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). When rubber dam usage was not possible the practice used other safety systems including a parachute chain device to hold the root canal files and a specialised dental hand piece. Patients can be assured that the practice followed as much as possible appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice manager acted as the safeguarding lead. They acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. The practice manager explained that the practice team had been booked on update training in safeguarding in June 2016. Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities in recent times.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. There was an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. 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. This included oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen were stored in a central location known to all staff. A system was in place to monitor the expiry dates of medicines and oxygen; however we noted that although the practice had a contract in place for annual monitoring the oxygen cylinder, a regular system for monitoring the oxygen was not in place. We also noted that one emergency medicine used for the treatment of hypoglycaemia was effectively out of date because it was not stored in a refrigerator which prolongs the shelf life. The practice manager assured us that a system of regular monitoring would be introduced and the emergency

Are services safe?

medicine would be replaced immediately. All of the staff had received update training in 2015 and 2016 and demonstrated to us they knew how to respond if a person suddenly became unwell.

Staff recruitment

All of the dentists, dental hygienists and qualified dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body.The practice had in place systems and processes for the recruitment of staff.This included important pre-employment checks including proof of identity, immunisation status and references. We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). 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. 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. Staff recruitment records were stored securely to protect the confidentiality of staff personal information.

Monitoring health & safety and responding to risks

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There were arrangements in place to deal with foreseeable emergencies. We found the practice had assessed their risk of fire using an appropriate competent person. Fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found this to be comprehensive where risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them. The file was regularly updated when new materials or chemicals were introduced to the practice.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed by the practice. We observed through direct observation that the processing of contaminated instruments was meeting the requirements of HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements.

We saw that the five dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. This included the working surfaces; dental unit and dental chair were decontaminated. They also explained how the dental water lines were maintained. The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in March 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. The dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Are services safe?

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process. Following inspection with an illuminated magnifier instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilized, they were pouched and stored until required. We noted that pouches were not dated with an expiry date in accordance with current guidelines. Some pouches that were dated had passed their expiry date. When we pointed this out the dental nurses immediately re-processed the instruments and dated the pouches with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. The weekly foil tests which formed part of the validation of the ultra-sonic cleaning baths were carried out and the results were recorded on appropriate log sheets.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste. We also saw that general environmental cleaning was carried out by an external cleaner and they carried out cleaning according to a cleaning plan developed by the practice. Cleaning materials were stored in a well-maintained storage facility.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in March 2016. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing (PAT) had been carried out in March 2016. The Relative Analgesia machines used for inhalation conscious sedation were maintained on an annual basis and an active scavenging system was in place to prevent occupation health problems of staff from nitrous oxide used during inhalation sedation procedures. We found that the practice stored antibiotics and prescription pads in a secure cabinet to prevent loss due to theft and maintained a prescription log to account for the medicines prescribed by each dentist. The only point of note was that an improvement could be made to the prescription log by including a column indicating the patients name for cross checking purposes.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the radiological audits for each dentist carried out in 2015 was available for inspection. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. Each 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 made aware of the condition of their oral health and whether it had changed since the last appointment. 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. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was 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 using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental therapist and a dental hygienist to work alongside of the dentists in delivering preventative dental care. One dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) who were particularly vulnerable to dental decay. Other preventative advice included tooth brushing techniques explained to patients in a way they understood and 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 and hygiene therapists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

Staffing

The practice has six dentists who are supported by six qualified dental nurses, two trainee dental nurses, two dental hygienists, two receptionists and a practice manager who also acts as a dental nurse.

We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the practice owner and practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

There was effective use of skill mix in the practice. This enabled the dentists to concentrate on providing care to patients whose needs were more complex whilst the dental therapist and dental hygienist provided routine preventative care and advice. The practice encouraged the development of the extended duty dental nurse role (EDDN). We found that most dental nurses had received additional training in the taking of dental X-rays. The practice manager explained that the performance of dental nurses was appraised in an informal way rather than a formal annual appraisal using recognised appraisal documentation.

The practice manager showed us their system for recording training that staff had completed. These contained details

Are services effective?

(for example, treatment is effective)

of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. All of the patients we asked on the day of our visit said they had confidence and trust in the dentists. This was also reflected in the Care Quality Commission comment cards we received.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke with two dentists about how they implemented the principles of informed consent; all of the dentists had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

We spoke to the dentists about how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence 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?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. The practice maintained a separate 'privacy room' where patients could discuss with staff issues of a personal or sensitive nature. Patients' clinical records were stored in paper form and were stored in lockable records storage cabinets behind the reception desk. Practice computer screens on reception 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.

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 12 completed CQC patient comment cards and obtained the views of seven patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented that the quality of care was very good, treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the busy reception area and found that they were polite and helpful towards patients. The general atmosphere of the practice 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 NHS and private treatment costs was displayed in the waiting area. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. 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. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice had a practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as the types of treatment on offer, treatment fees and how to provide feedback on the services provided. The practice provided domiciliary dental care for those patients who were housebound this included the provision of dentures and the relief of urgent symptoms. Dentists also provided inhalation sedation for those patients who were particularly nervous about certain aspects of dental treatment. This included young children requiring fillings and extractions as well as some nervous adults.

On the day of our visit we observed that the appointment diaries provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. The practice had access to a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The reception desk had been modified for patients in wheel chairs so that patients could carry out practice administrative procedures and booking of appointments more easily and the patient toilet had been designed to accommodate wheel chair user patients. The practice also had an arrangement with a local agency to organise transport to the practice for patients who found it difficult to use normal public transport services. A lift was also available for patients with mobility problems to access the practice.

Access to the service

The practice was open 8.30am – 5.30pm Monday to Thursday and Friday 8.30am to 1.30pm. The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the reception, on the front door of the practice, practice information leaflet, practice web site and on the telephone answering machine when the practice was closed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. During 2015 there had been only three complaints, these were around certain administrative issues; these issues had been addressed according to the practice policy. The absence of clinical complaints reflected the caring and compassionate ethos of the whole practice.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice owner and the practice manager who were responsible for the day to day running of the practice. The practice maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We saw a number of policies and procedures in place to govern the practice and we saw these covered a wide range of topics. For example, control of infection and health and safety.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or owner of the practice. 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 owner and dentists.

We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated an understanding of the principles of clinical governance in dentistry, and were happy with the practice facilities. Staff reported that the practice manager and practice owner were proactive and tried to resolve problems as soon as practicably possible. 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

We found there were a number of 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 and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current national guidelines. Learning points were also shared and discussed with staff at team meetings.

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 including the attendance at lectures and online courses. Staff were given time to undertake training which would increase their knowledge of their role.

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

The practice gathered feedback from patients through the Family and Friends Test, compliments and complaints. Changes made as a result of this feedback included the introduction of a text messaging service to remind patients of their appointments, extra phone lines to enable patients to access the practice more easily and altering the appointment book layout to reduce waiting times for patients.

Staff told us they felt included in the running of the practice and how the practice management team listened to their opinions. Staff told us they felt valued and were proud to be part of the team. Results of the NHS Family and Friends Test we saw indicated that most patients were either highly likely or likely to recommend the service to family and friends.