

Gossops Drive Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 January 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

Gossops Drive Dental Practice provides predominately NHS dental services with private treatment options available for patients. The premises consist of a waiting area adjacent to the two treatment rooms and a reception area. There is also a separate decontamination room.

The staff at the practice consist of the practice owner (principal dentist), an associate dentist, a dental nurse, a receptionist and a practice manager.

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

We reviewed 14 Care Quality Commission (CQC) comment cards completed by patients and all were positive regarding the treatment and care they had

Summary of findings

received at Gossops Drive Dental Practice. We also reviewed feedback from patients who had completed the 'Friends and Family Test' comment cards and found that the feedback was also positive.

Our key findings were:

- Staff reported incidents and kept records of these to enable the practice to learn and improve.
- The practice was generally clean but there were areas that needed improvement.
- The equipment had been maintained to a sufficient standard but records of checks and maintenance were not available for some pieces of equipment. These were provided to us following our inspection.
- Mandatory training had lapsed for medical emergencies. But arranged and completed shortly after our inspection
- Staff files were incomplete and appropriate checks had not been carried out before the appointment of new staff. However we received these following our inspection.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice took into account any comments, concerns or complaints.
- Patients were pleased with the care and treatment they received and complimentary about the dentists and all other members of the practice team.

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 policies and protocols related to the safe running of the service. Staff were aware of these and were following them. There were systems to reduce and minimise the risk of infection but these were not always followed. The practice had medicines and some equipment for the management of medical emergencies, as determined by current guidance. However, training in medical emergencies had lapsed. The practice did not possess an automated external defibrillator (AED) and had not carried out a risk assessment to determine that there was no need to have one. Therefore we could not be assured that the practice was appropriately equipped to manage a medical emergency. Following our inspection we received confirmation that an AED had been purchased and staff had been trained to use it. The practice had maintained the equipment such as the autoclave and Xray units. Staff had been checked to ensure they were safe to work with children and vulnerable adults.

Are services effective?

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

The practice monitored patients' oral health and gave appropriate health promotion advice. The practice worked well with other providers and followed up on the outcomes of referrals made to other health professionals. Staff had engaged in some continuous professional development (CPD) but were not meeting all of the training requirements of their registration with the General Dental Council (GDC).

Are services caring?

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

We spoke with six patients and discussed their experiences. All of the information we received from patients provided a positive view of the service the practice provided. Patients told us that the care and treatment they received was kind and caring. We found that dental care records were stored securely and that confidentiality was maintained at all times.

Are services responsive to people's needs?

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

The practice provided clear information to patients about the costs of their treatment. Patients could access treatment and urgent care when required. The practice had one ground floor surgery and level access into the building for patients with mobility difficulties and families with prams and pushchairs. The team had access to telephone translation services if they needed.

Are services well-led?

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

The principal dentist was responsible for the day to day running of the practice. The practice manager who had been in post for six months at the time of our inspection, was responsible for three practices and worked part time for three days per week.

Summary of findings

Staff described a family type culture where they were comfortable raising and discussing concerns with each other. The practice had risk management structures and clinical governance had been carried out to monitor and improve performance. For example, there had been an audit of the quality of x-rays taken to identify areas for improvement.

There were systems for receiving alerts from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA).

There was no system for carrying out formal appraisals with staff to discuss their role and identify additional training needs. However this had been implemented shortly after our visit.

Gossops Drive 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 16 January and was conducted by a CQC inspector and two dental specialist advisors.

We informed NHS England area team and Healthwatch that we were inspecting the practice on 29 October 2015; we did receive some information of concern from them with regard to poor infection control and maintenance of the premises and equipment.

During the inspection we spoke with one dentist, one dental nurse, the receptionist and the practice manager. We spoke with six patients who were all complimentary about the services they had received.

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

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

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

Are services safe?

Our findings

Learning and improvement from incidents

The practice had a basic system of recording incidents, by recording events in the accident book. We were told of a recent significant incident which had resulted in new lighting being installed. Although staff told us that significant incidents were discussed at team meetings, meetings were not documented and the practice could not demonstrate what learning points pertaining to this incident had been implemented.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff when questioned told us that MHRA alerts were shared via email from the practice owner.

The practice had a Health and Safety policy which contained details of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). An accident book was available, with one entry.

Reliable safety systems and processes (including safeguarding)

The practice had policies regarding child protection and safeguarding vulnerable adults, although the policy folders were haphazardly arranged and it was not easy to find the appropriate information quickly, staff were able to locate, when asked, the required information in the folders and on display throughout the practice.

There was a flow chart on display at reception, in the staff area and in the two surgeries which detailed the steps to take should a member of staff need to raise a safeguarding concern; with useful contact numbers, for example the contact number for children's social care and the safeguarding named nurse at the local authority.

Staff we spoke with were able to describe the situations in which they would raise a safeguarding concern and how they would undertake that. Some staff had undertaken safeguarding training appropriate to their role, and the practice had made arrangements for those that had not had specific training to undertake online training within a month of the inspection.

The practice had an up to date Employers' liability insurance certificate due to expire in August 2018. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices,' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

There was a effective systems used to reduce the risk and spread of infection in some areas of the service. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. However the policy was out of date and had not been reviewed or updated since 2012 to include current guidance. The current provider of Gossops Drive dental practice took over in November 2014. Following our inspection we were sent updated copies of the policy which included all of the current guidance.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those used for cleaning instruments.

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. Feedback confirmed that the practice maintained a good standard regarding this at all times. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored. In the cleaning cupboard there was signage identifying the system used, in line with guidance about colour coding equipment for use in different areas of the building. However, it was evident that this was not being followed. We found mops and buckets had not been clearly

Are services safe?

marked and did not match the signage. Cleaning schedules were available and had been completed. However, we could not be assured that there was no cross contamination occurring with the environmental cleaning regime. We brought this to the attention of the practice manager, who advised us they would address this immediately. Following our inspection the practice employed a new cleaner who had been trained to use the colour coding system correctly.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. All of the nurses at the practice had been trained so that they understood this process and their role in making sure it was correctly implemented. The dental nurses took it in turns to work in the decontamination room each day and the other dental nurses delivered and collected instruments in colour coded boxes with lids. Different boxes were used for the dirty and clean instruments.

The dental nurse showed us the full process of decontamination including how staff manually scrubbed and rinsed the instruments, checked them for debris and used the ultrasonic bath and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM 01-05 guidelines. They confirmed that the nurses in each treatment room checked to make sure that they did not use packs which had gone past the date stamped on them. Any packs not used by the date shown were processed through the decontamination cycle again.

A dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor these checks. These were fully completed and up to date. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

The practice used single use dental instruments whenever possible which were never re-used and the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a continuous dosing method to prevent a build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society. The practice also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control.

The practice had some records of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. However, there were no records for one member of staff who had not yet received the full immunisation course, or had undergone a serum conversion to assure that they had levels of anti HB which were more than 100 mIU/ml. We received confirmation that the member of staff had received inoculation and that they were safely covered. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department. Staff told us that all sharps injuries were recorded as accidents and we saw evidence that this was done.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

Are services safe?

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary required waste consignment notices.

Equipment and medicines

We looked at the practice's maintenance information. This showed that they ensured that one item of equipment was maintained in accordance with the manufacturer's instructions. This was the equipment used to sterilise instruments. X-ray equipment had been maintained and critical examination reports for installation were not available. These were provided following our inspection. The equipment held for dealing with medical emergencies was checked regularly. All electrical equipment had been PAT tested by an appropriate person. PAT is the abbreviation for 'portable appliance testing'.

We saw evidence that regular servicing of the autoclave had been undertaken, in line with manufacturer's recommendations. However, the compressor was new and the practice was unable to locate the written scheme of examination. Compressors are pressure vessels and therefore under the "Pressure Systems Safety Regulations 2000" must be installed and tested by a competent examiner (usually a dental engineer). Who would then issue a written scheme of examination outlining the safety parameters for use. We asked the practice to send us a copy following the inspection which we received.

Prescription pads held by the practice were securely stored. We saw that the practice had written records of prescription pads to ensure that the use of these was monitored and controlled.

The batch numbers and expiry dates for local anaesthetics were always recorded in the clinical notes.

Monitoring health & safety and responding to risks

The practice had systems to monitor and manage risks to patients, staff and visitors to the practice. The practice had a health and safety policy, this was dated May 2014, The current owner bought the practice and took over in November 2014 where refurbishments had taken place, therefore the policy was not current or reflected the practice as it was now following the changes. We received an updated policy that reflected current guidance following our inspection.

An external fire risk assessment had been carried out in August 2015; this had included servicing of all of the fire equipment. All of the action points identified in the risk assessment had been addressed.

Staff we spoke with had a good understanding of the actions to take in the event of a fire, and could locate the muster point external to the building.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information detailing the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

Medical emergencies

The practice had medicines and equipment to manage medical emergencies. These were located in a central place and all staff knew of its location. However, we noted that the cupboard used to store these medicines and equipment was in an area where patients waited to be seen. The cupboard had a sign which stated it contained emergency medicines and equipment. This cupboard was not secure and could easily be accessed by anyone. We received confirmation after our inspection that this cupboard was now secure .

The practice held emergency medicines in accordance with the British National Formulary. They were checked weekly to ensure they were in date for safe use. In addition the practice had emergency oxygen, this was checked weekly to ensure the tank was operational and what level of oxygen was available, so that a replacement could be ordered before it ran out. The practice had equipment available to treat patients in the event of a medical emergency. The included a portable suction unit, (which was not assembled, so could waste time in the event of an emergency) a self-inflating bag and mask and a set of airways. The practice did not have an automated external defibrillator (AED) (an AED is a portable electronic device that automatically diagnose life threatening irregularities of the heart and deliver an electrical shock to attempt to restore a normal heart rhythm). Following our inspection we received confirmation that an AED had been purchased and staff had been trained to use it.

Staff we spoke with had an understanding of how to respond in various medical emergency scenarios. However, the practice had not undertaken basic life support training within the previous year; staff told us that this had been

Are services safe?

booked but cancelled and that they were in the process of rebooking some training. We received confirmation that staff had completed training for medical emergencies and the use of an AED in March 2016.

Staff recruitment

We looked at the recruitment files for five staff members to check that the correct recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; a full employment history with explanations of any gaps; references which detail their conduct in previous job roles; that they are registered with professional bodies where relevant, and where necessary a Disclosure and Barring Service (DBS) check. 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. We found that although the practice had DBS checks in place for staff, these were for a previous place of employment and dated more than three years ago. One member of staff in a clinical role did not have a DBS check at all. We received confirmation that all of the DBS identified had been applied for which included the member of staff who did not have one.

We found other records regarding staff recruitment were also lacking such as proof of identity, no employment history, or references taken up. The practice provided these documents following our inspection.

The practice did not have a system of staff induction to introduce new members of staff to the policies and procedures of working in the practice. There were no meetings where training needs and concerns were discussed either.

Radiography (X-rays)

The practice had 'local rules' on display in each surgery. However these were generic and lacked detailed specifics of each X-ray machine in the treatment room, and did not identify the responsible

Individuals responsible for radiation safety. There were no schematic diagrams of each treatment room indicating the area of X-ray scatter (the small amount of radiation that escapes the X-ray beam). We received copies of new local rules and diagrams with the correct information following our inspection.

The practice used exclusively digital X-rays, which could be viewed almost instantaneously, as well as delivering a lower effective dose of radiation to the patient. However this was not being monitored by the effective use of quality assurance auditing and the practice could not demonstrate that they were taking images of a poor quality below the required 10% parameters. The practice provided an audit report following our inspection which indicated that radiography was being carried out safely.

The practice had a radiation protection file which did not contain sufficient information regarding the X-ray machines or radiation safety measures. The practice was unable to supply documents relating to servicing and testing of the machines to ensure they were working within normal parameters. The practice manager gave us the contact details of the company that had installed the X-ray units. We spoke with them following our inspection and were assured that in their role as radiation protection adviser (RPA) they would support the practice to acquire all of the required information relating to radiography, including risk assessments and monitoring procedures. We received confirmation that this had now been completed.

Staff were up to date with the required training set out in Ionising Radiation (Medical Exposure) Regulations 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

It was clear through discussions with the dentist and the patients attending the practice that time was always given to discuss all the treatment options available to the patients.

Patients also commented that they were encouraged to ask questions, and their wishes were taken into account. The dentist explained how they always gave the patient the option to go away and consider their treatment preferences, and when they returned staff asked them what they had chosen, why they had chosen this option, and the reasons why they had dismissed the other options. Staff could then be assured that the patients had understood what had been explained to them, and full valid consent had been given.

The other staff we spoke with had a some understanding of how consent could be sought for patients who lacked the capacity to make decisions for themselves. The Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults in this situation. Staff could demonstrate they understood that patients should be aided if possible to make the decision for themselves, but were less clear on the processes involved in making a ‘best interests’ decision.

Monitoring and improving outcomes for people using best practice

We discussed patient care with the dentist and staff and looked at dental care records to confirm our discussions. Comprehensive patient medical history forms were filled in at every check-up appointment, and were checked verbally at each visit.

Records showed that assessment of the periodontal tissues (the gums and soft tissues of the mouth) was always undertaken at examination appointments, they had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed and periodontal status in relation to patients’ gums. Higher scores would require further investigation, referral to a dental hygienist, or to an external specialist.

The dentist explained that recall intervals for patients were decided on an individual basis and based on clinical need, which was carried out in line with the National Institute of Health and Care Excellence guidelines.

We found that dental care records were always written contemporaneously, and were detailed. They included, discussions and outcomes, consent, options, risks and benefits, soft tissue conditions and in some cases, patient expectations. We saw that a written justification for taking X-rays and a report of the findings of the X-rays were always noted in the dental care record.

Working with other services

The dentists referred patients as needed to dental hygienists and to other external professionals when necessary. This included referrals for orthodontic treatment, complex extractions, periodontal and private complex root canal treatment. The practice followed the NHS referral guidelines for investigations in respect of suspected cancer.

The practice provided dental implants for patients referred by other dentists. We saw that the practice accepted written referrals and followed these up with telephone discussions with referring clinicians.

Health promotion & prevention

There were leaflets offered to patients about various oral health topics and the services offered at the practice. A range of dental care products were available for patients to buy and a price list was displayed. We saw that information about oral health was clearly recorded in dental care records. Staff integrated information about improving oral health into their overall approach to the care and treatment provided using the Delivering Better Oral Health guidelines. We noted that the practice offered healthy eating and smoking cessation advice to support patients with this when needed.

The practice prescribed fluoride toothpaste where a need was identified and provided fluoride application treatment for children at each check-up appointment. This was available both through the NHS and privately.

Staffing

The practice did not ensure staff members training needed to perform their roles was up to date. There was no structured process for monitoring that members of the

Are services effective?

(for example, treatment is effective)

team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). One member of staff worked at another location two days per week and all of their training had been provided by the other employer.

Staff did not receive annual appraisals or hold a personal development plan. We saw some training certificates which

showed they had completed relevant clinical and health and safety related training. However, new staff had not received training in mandatory subjects such as infection control, fire safety, medical emergencies and safeguarding early in their employment and the practice did not execute an induction process. A dental nurse employed during 2015 described a supportive team. Student nurses were supported by qualified staff during their diploma course.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 14 completed Care Quality Commission comment cards. Patients were positive about the practice and their experience of being a patient there. People described receiving a flexible, respectful and helpful service. Many made complimentary remarks about the approach of the dentists and other members of the practice team and the standard of treatment they received.

Patients indicated that they were treated with dignity and respect at all times. Doors were always closed when patients were in the treatment rooms. Patients we spoke with told us that they had no concerns with regard to confidentiality and we noted that there had been no complaints or incidents related to confidentiality and that dental care records were stored securely.

We observed that the staff provided a personable service as they knew their patients well. They were welcoming and helpful when patients arrived for their appointments and when speaking with patients on the telephone.

Involvement in decisions about care and treatment

We looked at dental care records and saw that the dentists recorded information about the explanations they had provided to patients about the care and treatment they needed. This included details of alternative options which had been described. The dentist explained and showed us how they described root canal treatments to patients using pictures and diagrams about the subject. We saw another example where a patient had been to the practice for an emergency appointment. The dental care records showed that the dentist gave them information about the risks and benefits of the possible treatment options. They provided temporary treatment so that a full treatment plan could be discussed in a longer appointment and the patient had time to come to a decision.

Patients told us that they felt involved in their care and had been given adequate information about their treatment, options and fees. Staff told us and we saw they took time to explain the treatment options available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided NHS dental treatment and private dental treatment. The practice leaflet and website provided information about the types of treatments that the practice offered.

The practice had a system to schedule enough time to assess and meet patient's needs. The dentist had devised their own time frames for different treatments and procedures. Staff told us that although they were busy they had enough time to carry out treatments without rushing. The practice were able to book longer appointments for those who requested or needed them, such as those with a learning disability.

We found that the practice was flexible and able to adapt to the needs of the patients, and to accommodate emergency appointments. Patients we spoke with confirmed this and told us that they could usually get an appointment when they needed one and that they had been able to access emergency appointments on the same day. Staff told us and patients confirmed that if patients needed to be seen, staff would willingly work through their lunch or stay later if required.

Tackling inequity and promoting equality

The practice had recognised the needs of its patient population. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that they rarely saw patients who were not able to converse confidently in English but if necessary they had access to an interpreting service.

The practice was accessible to wheelchairs and patients with pushchairs as the practice was located on the ground floor of a shared building.

Access to the service

Patients we received feedback from mostly described a responsive service where patients found it easy and convenient to get routine and urgent appointments. The practice was open Monday to Friday at the following times –

Monday to Thursday – 9am to 5.30pm Friday – 8.30am to 5pm

Reception staff explained that the dentists let them know how long each patient's next appointment needed to be which depended on the treatment being provided. Staff told us that if patients needed urgent treatment they would be seen on the day. Several patients who gave us feedback mentioned being seen promptly when in pain.

The practice provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the NHS emergency number when the practice was closed. This information was also provided on the practice website.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. We looked at information available about comments, compliments and complaints dating back one year. The information showed that there was a commitment to listening to concerns raised and discussing these with the practice team so the learning about these could be shared. We noted that there were far more compliments recorded than concerns. The practice had only received one complaint in the last year and we saw this had been handled in accordance with the practice complaints policy and resolved to the patient's satisfaction. However, we noted that the complaints policy was out of date and did not refer to either the NHS ombudsman or CQC should a patient wish to take their complaint further.

We also looked at the one formal complaint and the records of this. The record showed that the practice had listened to patient's views and concerns, looked into these and offered explanations a refund and where necessary an apology. The complaint summary identified the learning for the practice such as improving communication with patients.

Are services well-led?

Our findings

Leadership, openness and transparency

The practice had a practice manager who was supported by the principal dentist. The practice manager was new to the role and had been in post for six months. This role was their first experience of practice management and they were aware that they had much to learn. The principal dentist was responsible for the oversight of all matters relating to governance. However, there was not a clear understanding of the requirements of the regulations under the Health and Social Care Act 2008 and how these applied to dental practices.

We saw that relationships between members of the practice team were professional, respectful and supportive. Staff in all roles described the practice as a nice place to work where they were supported by the principal dentist and other team members.

Governance arrangements

There was a range of operational policies, procedures and protocols to govern activity. All of these policies, procedures and protocols had not been subject to annual review and were out of date. Most of the policies and protocols we looked at had been compiled by the previous owner and some were over three years old. Staff we spoke with were aware of the policies, procedures and protocols, their content and how to access them when required, when questioned it was clear that these out of date documents were being used as guidance in the practice by staff.

The practice had not carried out some audits to monitor and assess the quality of the services they provided. These audits are required to evidence that improvements had been made where gaps are identified. The practice had not

actioned audits for the quality of X-rays taken and record keeping. Therefore, the practice was unable to demonstrate what quality of service was being provided or have the opportunity to use audits to drive improvement and maintain standards.

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

The practice gathered feedback from patients via the monthly NHS friends and family test. Results from the most recent months were very positive scoring between 98 and 100% of patients happy to recommend the practice to others. CQC comment cards reflected that patients were happy with the care and treatment they had received and how pleased they were with the recent refurbishment.

Staff told us that the practice manager and dentist were approachable and more like a family so they could discuss anything they needed to whenever they needed to.

learning and improvement

The practice had not monitored learning and development or encourage staff to take part in activities to develop their knowledge and skills. We found that some of the clinical dental team had undertaken the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC). However, training for medical emergencies had expired.

The practice did not have regular team meetings to share information and to discuss significant events and complaints. Staff told us that it would not be possible to get everyone together at the same time and this is why meetings had not been carried out. However, everybody an opportunity to share information and discuss any concerns or issues during their daily interactions.