South Coast Dental Specialists Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 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

South Coast Dental Specialists Limited is a private dental practice which receives referrals from dental professionals such as a patient's own dentist, for second opinion or treatment planning. The practice specialises in implants, prosthetics, cosmetics, dentures and bite problems, veneers, crowns and bridge-work.

The practice is situated in a converted domestic dwelling situated on the outskirts of Wimborne, Dorset. The practice has three dental treatment rooms, a CT scanner room and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the ground floor enabling level access throughout.

The practice employs four dentists, a hygienist, seven dental nurses, two receptionists and an assistant practice manager. The practice's opening hours are 8am to 5pm Monday to Friday and 8am to 7pm on Tuesday, Wednesday and Thursday.

Summary of findings

The practice owner 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.

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 collected 11 completed cards and obtained the views of 13 patients on the day of our visit. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

We carried out an announced comprehensive inspection on 29 January 2016 as part of our planned inspection of all dental practices. Our inspection was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- The practice ethos was to provide high quality patient centred care 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 was clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a dedicated safeguarding lead professional and effective safeguarding process 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.
- The dentist and dental hygienist provided dental care in accordance with current professional 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, urgent and emergency care when required.
- The practice had a dentist who could provide a range of more specialised services including dental implants and orthodontics and there were enough supporting staff to deliver the services on offer.
- Staff received training appropriate to their roles and were supported in their continuing professional development.
- Staff we spoke with felt well supported by the practice owner who was committed to providing a quality service to their patients.
- Information from 11 completed CQC comment cards and patients who were asked for their views of the service on the day of our visit gave us a positive picture of a friendly, caring and professional service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had reliable arrangements in place for essential topics such as 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. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and 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 to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 11 completed cards. These provided a positive view of the service; we also sought the views of 13 patients on the day of our visit which also reflected these findings. Patient's privacy and dignity was seen to be respected. All of the patients commented the quality of care was good and would recommend the practice to family and friends.

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 care when required. The practice provided patients with written information about how to prevent dental problems. All dental treatment rooms were on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The registered provider was seen as very approachable by staff who felt well supported in their roles and could raise any issues or concerns with the registered provider at any time. The culture within the practice was seen as open and transparent. Staff told us they enjoyed working at the practice and all the patients we asked told us they would recommend it to a family member or friends.

South Coast Dental Specialists Limited

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 29 January 2016. The inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff recruitment records. We spoke with ten members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records. We reviewed CQC comment cards completed by patients and obtained the view of patients on the day of our inspection. Patients gave positive feedback about their experience at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had developed significant event forms for staff to complete when something went wrong. The practice has not suffered any recent significant events. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority via post or email. We observed the alerts were kept in a well-maintained file and the practice acted upon any of the alerts that were specific for dental practice. Relevant alerts were discussed during staff meetings to facilitate shared learning.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the prevention of needle stick injuries. They explained the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for safe disposal of the used needles into the appropriate sharps bin. Staff we spoke with were able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps. The practice reported that there had been no needle stick injuries during 2015.

We asked how the practice treated the use of instruments that were used during root canal treatment. They explained that these instruments were single patient use only. The practice carries out root canal treatment very rarely because of the specialist nature of the practice, usually patients are referred to a specialist practitioner should this type of treatment become necessary. Dentists we spoke with explained that should they need to carry out root canal treatment then this would be carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice owner acted as the practice safeguarding lead and were the 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. We found that the practice owner was very knowledgeable about safeguarding issues, due to the fact that the practice carried out dental care each year on a group of children that had been effected by the Chernobyl disaster. The practice owner also had a firm grasp of adult safeguarding issues as a result of treating a number of learning disability patients who required specialist restorative treatment. Training records showed that staff had received appropriate Level one and two safeguarding training for both vulnerable adults and children. Staff received refresher courses every two years. Information was displayed in the staff room 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.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had 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. Staff had received training in how to use this equipment. 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. The practice had access to 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 all in date and stored in central locations known to all staff. The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly.

Staff recruitment

All the patients we asked said they had confidence and trust in the dentist.

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a

person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at four staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy and complied with schedule three of the Health and Social Care Act 2008 (amended 2014). Staff recruitment records were ordered and stored securely.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health, safety, and water quality risk assessments. The practice had a detailed disaster plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. A lead dental nurse had been appointed as lead for infection control at the practice. The role involved the development and review of the practices' infection control policy. It also included ensuring that staff including new starters were compliant with the practices' policy and protocols. A review of practice protocols showed that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being exceeded. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

The dental treatment rooms, waiting and reception areas and toilet areas 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 toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The lead dental nurse for infection control 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. They explained how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines.

The drawers of two treatment rooms were inspected by us in the presence of the lead dental nurse. These were clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. The practice specialised in the provision of dental implants. The lead dental nurse for decontamination told us that the single use items that formed part of each dental implant system were for single patient use only. They explained that several components are not sterilised on receipt from the manufacturer. Although they were marked single use they were required to be sterilised before use. We were shown such items and it was confirmed that this was the case. The nurse also confirmed that these items were disposed of following single use. Each treatment room had the appropriate routine personal protective equipment such as protective gloves and visors available for staff use.

The dental unit 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), the lead dental nurse described the methods they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor in April 2015 and documentary evidence was available for inspection. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room. This room was organised, clean, and tidy and clutter free. Dedicated hand washing facilities were available. The lead dental nurse described the decontamination 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.

The practice used a combination of manual scrubbing and ultrasonic cleaning baths as part of the initial cleaning process, following inspection with an illuminated magnifier, they were placed in an autoclave (a device for sterilising medical and dental instruments). When instruments had been sterilized, they were pouched and stored appropriately until required in the clean room. All

pouches were dated with an expiry date in accordance with current guidelines. The lead nurse described how the autoclaves and ultrasonic bath used in the decontamination process were working effectively. These included the various daily and weekly checks. We were shown the records of these tests; they were always complete and up to date.

The segregation and storage of dental 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 dental waste from the practice and 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.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the three vacuum autoclaves had been serviced and calibrated in March 2015. The practice X-ray machines had been serviced annually and had been calibrated in November 2014. This was in accordance with the national ionising regulations. Electrical testing and portable appliance testing (PAT) had been carried out in March 2015.The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. All of the staff had received update training in 2015. The practice dispensed their own medicines as part of a patients' dental treatment. These medicines included a range of antibiotics, oral sedatives and over the counter painkillers. The dispensing procedures were robust and medicines were stored according to manufacturer's instructions. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

The practice provided intra-venous conscious sedation as part of patient care. This was provided by an external company that used consultant anaesthetists. We found that there was a recording system used by the visiting anaesthetists for the prescribing and recording of medicines used in the provision of conscious sedation; this included the reversal agent for the sedative medicine. Medicines prescribed had the dose along with the batch number and expiry date recorded. We also saw that equipment used in the provision of conscious sedation had been properly maintained. Although the company provided equipment that included pulse oximeters (used for measuring blood pressure, oxygen saturation of the blood and pulse), the practice had in place their own equipment. We saw that this was regularly maintained and calibrated.

Radiography (X-rays)

A lead dental nurse had been appointed to maintain the practices' radiation protection file in accordance with current national radiological guidelines. We observed a meticulously organised file in line with these regulations. The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). Included in the file were the critical examination packs for each of the intra oral X-ray sets, a combined orthopantogram and computerised tomography scanner along with the three yearly maintenance logs and a copy of the local rules. The file also contained the X-ray set inventory, risk assessment, quality assurance process and notification to the Health and Safety Executive. The practice also used a dental laser as part of patient treatment. This equipment was also maintained in accordance with the ionising regulations.

The X-ray audits for the practice were managed by the lead dental nurse for radiography. A copy of the most recent radiological audits for each dentist was available for inspection, these demonstrated that a very high percentage of radiographs taken were of a high standard of quality. Dental care records where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured every time. The X-rays we observed were of a high quality. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

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. They described to us how they carried out their assessment of patients for the specialist care they provided. 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 oral cancer. 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 then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw where appropriate details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of treatment need in relation to a patient's gums).These were carried out where appropriate during a dental health assessment.

Intra-venous sedation was carried out at the practice for patients who were very nervous of dental treatment and required complex dental treatment such as the provision of dental implants. We found that the registered provider had put into place robust governance systems to underpin the provision of conscious sedation. The systems and processes we observed were in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

The governance systems supporting sedation included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation this included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records demonstrated that during the sedation procedure important checks were recorded at regular intervals that included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter that measures the patient's heart rate and oxygen saturation of the blood. Blood pressure was measured using a separate blood pressure monitor. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practise.

Health promotion & prevention

The practice was very preventative focused, to facilitate the aim, the practice appointed a dental hygienist to work alongside of the dentists to deliver preventive dental care. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were 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'. The waiting room and reception area at the practice contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

We observed a friendly atmosphere at the practice. All of the patients we asked told us they felt there were enough staff working at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the

Are services effective?

(for example, treatment is effective)

practice manager and owner who was based at the practice. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice employed four dentists who each was supported by two dental nurses. The practice also employed a dental hygienist. We noted that the dental hygienist was working without chair side support. We were told that a dental nurse was always available should the hygienist consider it necessary to aid patient care and always present for larger hygiene cases. We drew the practice manager's attention to the advice given in the General Dental Council's Standards for the Dental Team about dental staff being supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

Working with other services

The practice was a referral practice and was relatively self-contained. However there were occasions when patients needed to be referred to other specialists outside of the practice. The practice used referral criteria and referral forms developed by providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time. When the patient had received their treatment, they would be discharged back to their general dental practitioner for further follow-up and monitoring. A copy of the referral letter was always available to the patient if they wanted this for their records. The practice manager reported that there were no patient complaints relating to referrals to specialised services.

Consent to care and treatment

We asked the dentists on the day of our visit 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. These findings were then sent as a follow-up letter to the patient after the consultation. The dentists stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. To assist in the consent process, the dentists used a special camera to take photographs of the teeth prior, during and at the end of dental treatment. This included the condition of teeth requiring treatment, the appearance of the gums and of the soft tissues. These provided a means of patient education as well as preventing medico-legal problems in cases where patients could dispute the dentist's findings and treatment outcomes.

The dentists we spoke with explained 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. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. 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 principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment rooms in the practice were situated off the waiting area. We saw that doors were closed at all, times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms thus protecting patient's privacy.

Patients commented that the team were courteous, efficient and kind and patients were very happy with the quality of treatment provided. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. 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 dentist recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. The practice waiting area displayed a variety of information including information about different types of treatment the practice offered. This information was also streamed on a television screen in this area. We were shown the information given to new patients which included, step by step stages of the treatment requested, consent for X-rays and privacy statement, complaints procedure, medical history questionnaire and information about the dentist performing the treatment.

We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments for varying complexity of treatment. The appointment booking system had provision for emergency patients at the end of each morning surgery which meant emergencies could be seen in timely fashion and routine appointments kept to time.

Tackling inequity and promoting equality

The practice was based on the ground floor. The building was spacious and the ground floor was fully accessible to wheelchair users, prams and people with limited mobility. The reception desk had an open counter at one end which accommodated wheelchair users without them needing to move to a separate area. We were told that translation services could be made available if required. The practice did not have a hearing loop but undertook to order one on the day of our visit. We saw evidence to confirm this.

A wheelchair accessible toilet was available and the surgeries were large and accessible to patients who could transfer from wheelchairs should they wish to.

Access to the service

South Coast Dental Specialists offered private specialist dental care services for adults and children between 8am to 5pm Monday to Friday and 8am to 7pm on Tuesday, Wednesday and Thursday. Appointments could be made in person, via the practice website or by telephone.

Patients told us they were able to get appointments when they needed them. We asked 13 patients if they were satisfied with the practices' opening hours. All but one said they were whilst one said they were not sure when the practice was open.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three days and a full response would be provided to the patient within 20 days. This was seen to be followed. We were told the practice had received one complaint in the previous 12 months and this was resolved appropriately and learning shared with staff. Information for patients about how to make a complaint was seen in the patient information pack which was given to all new patients. Nine of the 13 patients we asked said they knew how to make a complaint if they had an issue whilst four told us they were not sure.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of an assistant practice manager who was responsible for the day to day running of the practice. The assistant practice manager was supported by a practice manager who was based at a sister practice. 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. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

The practice had a statement of purpose that described its vision, values and objectives. Staff told us that there was an open culture within the practice which encouraged candour and honesty. There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients.

It was apparent through our discussions with the dentist and nurses the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did.

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 dentists, practice management team 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.

Learning and improvement

The practice owner and practice management team provided enthusiastic leadership and the staff we met described them as very approachable. They explained how the practice owner was always on hand to provide direct clinical supervision and advice should the need arise. We saw evidence of systems to identify staff learning needs. For example, results of clinical audits were used to identify additional training or clinical supervision needs and improve confidence and competence in particular clinical techniques.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included inviting patients to complete a brief survey following their visit to the practice. We saw a number of different monthly patient satisfaction surveys which had been analysed over the previous year which showed that patients were very satisfied or satisfied with the service they received. Changes made as a result of this feedback included repairs to the driveway and adding male interest magazines to the list of patient reading material in the waiting room.

The practice had a continual process to encourage staff to provide feedback about working in the practice including for example, what opportunities staff had to use their initiative and for personal growth and development.

Staff told us they felt included in the running of the practice and how the practice manager and registered provider listened to their opinions and respected their knowledge and input at meetings. Staff told us, as a result of their feedback, the practice installed outside lighting in the driveway and adopted their idea for the way a new decontamination room was laid out.