

## Hopkins & Poyner Dental Surgery

# Hopkins & Poyner Dental Surgery

### Inspection Report

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## Overall summary

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**

Hopkins & Poyner dental surgery is situated in the centre of York, North Yorkshire close to public transport links. The practice has four treatment rooms, two on the first floor and two on the second floor, two waiting areas, a reception area, a decontamination room. Staff facilities were located on the first floor with offices located on the second floor

Due to the practice being located on the first and second floor, patients with mobility requirements are referred to a local practice that can help with access more easily.

There are three Dentists, a Dental Hygiene Therapist, a practice co-ordinator and five dental nurses.

The practice is open:

Monday 08:45-12:30 & 14:00-17:00

Tuesday and Thursday 08:45-12:30 & 14:00-17:30

Wed 08:45-12:30 & 14:30-17:00

Fri 8:45-12:30 & 13:30-17:00

One of the partners 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'

# Summary of findings

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.

On the day of inspection we received 24 CQC comment cards providing feedback and spoke with two patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be genuine about patient care, excellent, friendly, and they were treated with dignity and respect in a clean and tidy environment.

## **Our key findings were:**

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Review the weekly check protocol for the medical emergency drugs and equipment to ensure all equipment is in date.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and implement a risk assessment to support this.
- Implement a latex policy.
- Review the practice protocol for audits to ensure all audits have documented learning points and action plans so the resulting improvements can be demonstrated.

# 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 systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. However some medical equipment was out of date, including needles and syringes, oropharyngeal airways and face masks.

We saw all staff had received a variety of training in infection prevention and control. There was a newly commissioned decontamination room with guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated June 2014, evidence of regular water testing was in place and due to the refurbishments within the practice a new legionella risk assessment was booked in for review.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. The practice also had a Dental Hygiene and Therapist to support patient needs.

Patients dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

# Summary of findings

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood.

Comments on the completed 24 CQC comment cards we received included positive statements about how helpful and caring the staff were.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

## **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had no disability access to the practice; however it did work closely with another local practice to signpost patients with requirements to their services.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. The practice also had information about how to complain in a practice leaflet with information about external agency details incorporated. Staff recorded complaints and cascaded learning to staff. The practice had patient advice leaflets and practice information leaflets available in the waiting areas.

## **Are services well-led?**

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The registered manager and practice co-ordinator were responsible for the day to day running of the practice.

The practice held quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

They conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT).

# Hopkins & Poyner Dental Surgery

## 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 22 March 2016 and was led by a CQC Inspector and a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the three dentists, four dental nurses and the practice co-ordinator. We saw policies, procedures and other records relating to the management of the service. We reviewed 24 CQC comment cards that had been completed.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Some staff were aware of the reporting procedures in place and were encouraged to raise safety issues to the attention of colleagues and the central team. We felt a little more training and availability to reporting of incidents could be embedded within the practice and this was fed back to the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us any accident or incidents would be discussed at practice meetings or whenever they arose and shared centrally. We saw the practice had two accidents and one significant event reported in the last 12 months. They had all been recorded and acted upon in line with the practice policy.

The registered manager told us the practice co-ordinator received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were shared with the practice and discussed with staff, actioned and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in adults and children. Staff could easily access the

safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. Staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support and the use of an Automated External Defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were all in line with the Resuscitation Council UK and British National Formulary (BNF) guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated when the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly by a staff member. This ensured the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type however the needles, syringes, oropharyngeal airways and face masks were out of date. This was brought to the attention of the registered manager and needles and syringes were sourced from a local practice until the stock arrived. Evidence of the new equipment was seen the day after the inspection.

### Staff recruitment

# Are services safe?

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the newest members of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

## **Monitoring health & safety and responding to risks**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in June 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. No risk assessment had been implemented for dental materials; this was brought to the attention of the practice co-ordinator on the day of the inspection.

We noted there had been a specific fire risk assessment completed for the premises. We saw as part of the checks the smoke alarms were tested and the fire extinguishers were serviced annually. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of

harm to staff and patients. Two members of staff had completed fire marshal training. A new fire risk assessment was due to be completed due to the refurbishment of the practice.

The practice did not have a risk assessment in place for the use of safe sharps relating to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This was brought to the attention of the registered manager on the day of the inspection.

## **Infection control**

The practice had a newly commissioned decontamination room that had only been up and running for two days on the second floor. The first floor surgeries still had sterilisers and ultrasonic baths in their work areas and staff were looking to implement full working procedures within the decontamination room over the next week. The new room was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

There were two separate sinks for decontamination work in decontamination room. All clinical staff were participating in training to include the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the

# Are services safe?

autoclaves to ensure they were functioning properly. The ultrasonic cleaners had validation testing in place, including a foil ablation test as recommended in HTM01-05 guidelines.

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap were also available in the toilet.

We saw all sharps bins were being used correctly, however the location could be better to prevent over reaching in all surgeries. Clinical waste was stored securely for collection in a locked cupboard in the practice. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received vaccinations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green Book, Chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last legionella risk assessment report dated June 2014. All recommended testing including hot and cold water temperature checks were being carried out by a nominated individual in accordance to the risk assessment. The nominated individual was responsible for the testing and reporting of any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A new assessment was due to be completed as part of the refurbishment process.

## Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in February 2015. This was due to be reviewed; however the

practice had conflicting information on when this should be done. Discussion took place to contact the PAT team and discuss their feedback with them and discuss the need for annual testing as required.

We saw the fire extinguishers had been checked in February 2016 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines no other medicines were kept at the practice.

## Radiography (X-rays)

The X-ray equipment was located in each of the surgeries. All X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us that they undertook annual quality audits of the X-rays taken. We saw the results of the July 2015 audit and the results were in accordance with the National Radiological Protection Board (NRPB). There were no learning outcomes or actions plans in place and this was not clinician specific; this was brought to the attention of the registered provider and evidence of a recent peer review showed evidence of clinicians reviewing each other's X-rays and discussing their findings to ensure everyone was following the guidelines. The audit process needed to be more robust to ensure all aspects of why an X-ray may be graded inadequate was recorded and reported upon accordingly.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each appointment in order to monitor any changes in the patient's oral health. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the staff told us they discussed patients' lifestyle and behaviour such as a social history including diet advice and daily oral hygiene routines and where appropriate offered them health promotion advice with the dental hygiene and therapist, this was recorded in the patients' dental care records.

During the course of our inspection we discussed patient dental care records with the staff and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a full assessment of each patient's needs had also been recorded.

At all subsequent appointments patients were asked to review and update a medical history form. This ensured the dentists and hygiene therapist was aware of the patients' present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were recorded but the treatment plan was not always signed or scanned into the patients' dental care records.

Patients' oral health was monitored throughout the practice. This was followed up accordingly; these were

scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice, such as conscious sedation or orthodontics, were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries or with the dental hygiene and therapist.

The dentists told us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snacking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The practice worked closely with the dental hygiene and therapist to ensure oral health advice for all patients could be accessible within the guidelines.

### Staffing

# Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going online training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in-house training including medical emergencies. This was in place to help staff keep up to date with current guidance and new requirements. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring

dentist to see if any action was required and then stored in the patient's dental care records. The dentists kept a log of the referrals which had been sent and when a response had been received.

The practice also had a process for urgent referrals for suspected malignancies.

## **Consent to care and treatment**

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began, however a treatment plan was not always signed by the patient. We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and cost associated with their treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

A radio and a selection of magazines was available in the waiting areas.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available however only a few information leaflets were available within the practice, including periodontal leaflets. This was brought to the attention of the registered manager to have leaflets available for patients to support information discussed with in the surgery and so they can take home information to review in their own time.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

The patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises; however the practice could not accommodate disabled patients. The staff worked closely with a local practice and would refer patients to them.

The practice had equality and diversity policy to support staff had undertaken training to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English and a Spanish speaking member of staff.

### Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet. The opening hours are Monday – Friday 08:45- 12:30 and 14:00 -17:30.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day and if not within 24 hours. The patients told us when they had required an emergency appointment this had been organised the same day. The

practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The registered manager was responsible for dealing with complaints if they arose. Staff told us they raised any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received no complaints in the last year, we saw historical evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within three working days and providing a formal response within six months if not before. If the practice was unable to provide a response within six months the patient would be made aware of this. Any concerns raised on the NHS choices website were responded to in a timely manner and if possible were followed up directly by the registered manager.

The complaints procedure was displayed in the waiting rooms. The practice also had information about how to complain in a practice leaflet where information about external agency details were incorporated. The registered manager recorded complaints and cascaded learning to staff.

The practice also had patient advice leaflets and practice information leaflets available on reception and in the waiting areas.

# Are services well-led?

## Our findings

### **Governance arrangements**

The registered manager and practice co-ordinator was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety policies were in place; however we felt the risk management process to ensure the safety of patients and staff members could be improved and cover more topics relating to a dental practice.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a recruitment policy, health and safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

We saw the results of the X-ray, patient dental care record and infection prevention and control audit. No action plans and learning outcomes were in place to continuously improve the procedures and reduce future risks for the X-ray audit. This was brought to the attention of the registered provider to review.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

### **Leadership, openness and transparency**

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at various staff meetings where relevant and it was evident the practice worked as a team and dealt with any issues in a professional manner.

The practice held quarterly staff meetings involving all staff members. These meetings were minuted and shared for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. Peer

review meeting had been recently incorporated in to the practice the last peer review had discussed X-rays including the recording of justification, grading and reporting within the patient dental care reports.

All staff were aware of whom to raise any issue with and told us the registered manager or practice co-ordinator would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

### **Learning and improvement**

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as patient dental care records and infection prevention and control.

Staff told us they were encouraged to complete training, this included medical emergencies and basic life support, infection prevention and control and radiography. All mandatory training was provided through the practice and this could be accessed through online and in-house training sessions.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out six monthly patient satisfaction surveys. The satisfaction survey included questions about whether the staff greeted them, helped them feel at ease, communicated well and answered any questions which they had.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

## Are services well-led?

We saw the practice held quarterly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.