

Humber and Yorkshire CDA Limited

Humber & Yorkshire CDA - Ilkley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 February 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

Humber & Yorkshire CDA - Ilkley is situated in Ilkley, West Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment, routine restorative dental care, dental implants and specialist periodontal treatments.

The practice has two surgeries, a decontamination area with separate dirty and clean rooms, a waiting area and a reception area. The reception area, waiting area and both surgeries are on the ground floor. There is wheelchair access to the premises. There are accessible toilet facilities on the ground floor of the premises.

There are two dentists (one of whom provides dental implants and specialist periodontal treatments), one dental hygienist, two dental nurses (who also cover reception duties) and a practice manager.

The opening hours are Monday to Friday from 9-00am to 5-00pm. The practice is closed for lunch between 12-30pm to 1-30pm.

Summary of findings

One of the practice owners 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.

During the inspection we spoke with three patients who used the service and reviewed two completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were polite, friendly and helpful.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There was clearly defined management structure and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the practice's process for the storage of data from the autoclaves.
- Review the arrangement of the hand washing sink in the decontamination room.
- Document when the emergency drugs have been checked.
- Review the practice's procedure for the bagging of re-usable dental burs.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. However, we noted that the dates of when the emergency drugs were checked was not documented.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced and validated to ensure it was safe to use. However, we noted that the data from the autoclaves was not downloaded to secure storage.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). 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.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing their professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we spoke with three patients who used the service and reviewed two completed CQC comment cards. Patients commented that staff were polite, friendly and helpful. Patients also commented that they were involved in treatment options.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Summary of findings

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

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure and there was a dedicated complaints manager.

The practice was fully accessible for patients with a disability or limited mobility in order to access dental treatment.

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 practice manager was responsible for the day to day running of the practice.

The practice organised training for staff to ensure all staff were up to date with their continuous professional development as required by the General Dental Council.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

There were good arrangements in place to share information with staff by means of monthly practice meetings and nurse meetings which were minuted for those staff unable to attend.

They were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Humber & Yorkshire CDA - Ilkley

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 was led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we spoke with three patients who used the service and reviewed two completed CQC

comment cards. We also spoke with one dentist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 clear guidance for staff about how to report incidents and accidents. Staff described to us an incident which had occurred recently and we saw that this had been documented, investigated and reflected upon by the dental practice. We saw that as a result of a particular incident that learning and improvements had been made. Any accidents or incidents would be reported to the practice manager and discussed at staff meetings.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice had a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams as the policies were also displayed in the staff room. The practice manager and dentist were the safeguarding leads for the practice and all staff had undertaken level two safeguarding training. Staff were knowledgeable about the signs and symptoms of abuse and felt confident about raising any issues with the safeguarding leads or the local safeguarding teams. We discussed a recent incident which had occurred and it was evident that this had been dealt with appropriately.

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments), the use of a re-sheathing device, using disposable matrix bands and a policy whereby only the dentist handles sharps.

Rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. We saw that the contents of the emergency drugs kit was in line with the guidance of the BNF.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the clean area of the decontamination room. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed weekly checks were carried out on the AED and the oxygen cylinder. These checks ensured that the oxygen cylinder had sufficient amount of oxygen and the AED was working. We were told that the emergency drugs were checked on a monthly basis. However, the checklist for this was not dated to say when these checks had taken place. This was brought to the attention of the practice manager and we were told that the checklist would now be dated to show when these checks were carried out.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all

Are services safe?

newly employed staff. These 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 reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. The practice manager conducted an annual health and safety self-assessment audit which included checks for slips and trips, checking that all risk assessments are still valid and welfare arrangements including whether there is adequate ventilation for staff and patients. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Where issues had been identified, remedial action had been taken in a timely manner. Any issues which had been identified were also discussed with staff at the monthly meetings.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. One of the dental nurses was responsible for the COSHH folder. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. We were told that the practice had an arrangement with its material supplier whereby it received alerts about any changes relating to materials in its COSHH folder. If there had been any changes this would be updated in the COSHH folder.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe

handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be clean and hygienic. We noted that both of the surgeries had plastic walls which made cleaning easier. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and staff completed a checklist to confirm this had been done. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in separate clean and dirty rooms in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely manually scrubbed and also used a washer disinfectant to disinfect the used instruments and examined them visually with an illuminated magnifying glass. We noted there were two sinks in the dirty decontamination room. One was for hand washing and the other was for manual scrubbing procedures. However, staff were unsure

Are services safe?

as to which sinks should be used for which purpose. This was brought to the attention of the practice manager and we were told that staff awareness of this would be improved.

The disinfected instruments were then passed through to the clean room where they were sterilised in a validated autoclave. The use of separate clean and dirty rooms greatly reduces the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly quality testing the decontamination and sterilisation equipment and we saw records which confirmed these had taken place. This included the use of a data logger for the autoclaves, safety checks and the protein residue test. However, we noted the practice did not download the records from the data loggers to secure storage. This was brought to the attention of the practice manager and we were told that this would be done.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in September 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit was done on paper and there was no action plan formulated as to what areas could be improved upon. This was brought to the attention of the practice manager and we were told that the next IPS audit would be completed on the computer which would produce an action plan.

We noted that on the day of inspection the practice did not have a Legionella risk assessment (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice did however take steps to reduce the likelihood of legionella developing including the use of a water conditioning agent, flushing the dental unit water lines and water quality tests. We later saw evidence that a Legionella risk assessment had taken place shortly after the inspection.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray machines, the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in November 2015 (PAT confirms that portable electrical appliances are routinely checked for safety). We saw that fire extinguishers were serviced on an annual basis.

Prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away when the practice was closed to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were being carried out on a monthly basis. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We noted in the X-ray audit that the reason why an X-ray was not grade two (diagnostically acceptable but with some errors) was identified. This would help the practitioner in improving the quality of their X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper 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 examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

One dentist had a good knowledge about current NICE guidelines for the extraction of wisdom teeth and felt comfortable to undertake such treatments in the practice which avoided the need to refer to secondary care.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken. We saw that patients who had more severe gum disease were offered a referral to the hygienist of the specialist periodontist in order to improve the outcome for the patient.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. We saw that the dentist used pop up alerts for patients who had a specific medical condition or were on medication which could affect treatment (e.g. blood thinning medicines).

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, quality assurance of each X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to all children who attended for an examination. The practice had recently conducted an audit of fluoride varnish application to patients' teeth to ensure that fluoride varnish was applied to children at the appropriate intervals taking into account the risk of the child. This audit showed the dentist was performing well and in line with the DBOH guidelines. High fluoride toothpastes were prescribed for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol advice was given to patients as appropriate. We were told the practice had recently had alcohol awareness training as a team and they found this very useful when providing advice to patients with regards to the risks of excessive drinking. There were health promotion leaflets available in the waiting room and surgery to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process was very thorough and included getting the new member of staff aware of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures, the practice's quality assurance system, hand washing and the decontamination procedures. We saw evidence of completed induction checklists in the personnel files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD)

Are services effective?

(for example, treatment is effective)

required for registration with the General Dental Council (GDC). The umbrella company organised an annual conference for staff which covered role specific training. 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 and associated personal development plans. Staff also felt they could approach the practice manager or the company's directors 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. 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 practice also had a system for the urgent referral of patients who had a suspected malignancy.

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 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 and this was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. However, this was not always fully documented in the dental care records. Patients were provided with a treatment plan which included the suggested treatments and the associated costs for the treatment. This was signed by the patient and stored in the dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was generally positive and they commented that they were treated with care, respect and dignity. Staff told us that 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. Dental care records were not visible to the public on the reception desk. 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 parts of the dental care records were stored in locked cabinets when the practice was closed.

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.

Patients were also informed of the range of treatments available in information leaflets in the waiting area, on notices in the waiting area and on the practice's website.

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 that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that 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.

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

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a ramp to access the premises, a ground floor accessible toilet and an audio loop for patients who had hearing difficulties. The ground floor surgeries were large enough to accommodate a wheelchair or a pram.

We were told that as a result of feedback from patients that the Friends and Family test questionnaire forms had been printed on A4 sheets of paper instead of A5. This was to help those who had difficulty with their sight.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-00pm. It is closed for lunch between 12-30pm to 1-30pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen 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. Information about the out of hours emergency dental service was also displayed in the waiting area, in the practice's information leaflet and on its website.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room in the form of a specific complaints leaflet and on the practice's website. These documents contained details of other organisations for patients to use if they were not satisfied with the response from the practice.

The practice manager was in charge of dealing with complaints when they arose and she was assisted by the regional manager for extra assistance when necessary. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 25 working days. If the practice was unable to provide a response within 25 working days then the patient would be made aware of this.

We saw that the practice kept a log of all complaints which had been received including details of who was involved in dealing with the complaint, dates of correspondence, the outcome and any learning which had been derived from the complaint. Any complaints which had been received were discussed at the practice meetings in order to disseminate learning.

Are services well-led?

Our findings

Governance arrangements

The practice manager 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 it had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

There was an effective management structure in place to ensure that responsibilities of staff were clear. It was evident that there were clear lines of accountability and the practice manager told us that the deputy regional manager, regional manager and the directors were always available for any help or assistance when needed. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaints the practice had received in the last 12 months.

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 staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings which were well minuted for those who were unable to attend. There was also a separate managers meeting where all the managers and directors from the umbrella company would discuss matters of governance. The feedback from the managers meeting would be passed onto the staff during the monthly staff meetings.

We were told the umbrella company organised an annual conference whereby all of the practices in the group got together. As part of this conference staff were awarded prizes including practice manager of the year, dental nurse of the year, trainee dental nurse of the year, best customer service and the above and beyond award. We were told this increased self-confidence and improved team work.

All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, health and safety and fluoride varnish applications. We looked at the audits and saw the practice was performing well. Where improvements could be made it was evident that these had been actioned and followed up by a repeat audit. Audit results were discussed at staff meetings and also used as part of the dentists appraisals with one of the company's directors.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. As part of the annual conference which was organised the staff were asked to contribute ideas of what they would like training on and this would be included at the conference.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had a system in place to involve, seek and act upon feedback from people using the service. This was in the form of the 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. We

Are services well-led?

saw the practice was proactive in asking patients to fill out the questionnaires. The latest results showed that 97% of patients asked said that they would recommend the practice to friends and family.