Homewood Dental Practice Partnership

# Homewood Dental Practice

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 09 November 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**

Homewood Dental practice is located on the ground and first floor of a purpose adapted property in Brentwood, Essex and offers a range of private general preventative, restorative and cosmetic dental treatments to adult patients and children. The practice is part of the Dental Care Group.

The practice is open and offers appointments for patients between 8am and 6pm on Mondays to Fridays and by appointment only on Saturdays.

The practice employs nine associate dentists, three foundation level dentists, six qualified dental nurses and three trainee dental nurses. The dental team is supported by three receptionists and a practice manager.

The practice is registered with the Care Quality Commission (CQC) as an organisation. The practice has a registered manager. 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.

The practice has ten treatment rooms, a combined waiting room and a reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are bought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

**Our key findings were:**

# Summary of findings

- The practice had systems in place for sharing relevant information, investigating and learning from complaints, safety incidents and accidents. Staff were aware of their responsibilities to report incidents.
- The practice was visibly clean and clutter free. Infection control practices were reviewed and audited to test their effectiveness. However we found some dental instruments that were packaged incorrectly and some for which the sterilisation expiry date has passed.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults.
- The practice had medicines and equipment for use in the event of a medical emergency were in line with current guidelines. Records were maintained in respect of the checks carried out for these medicines and equipment.
- The practice had arrangements for monitoring safety when taking X-rays. However we saw that the rectangular collimator had been removed from some of the X-ray machines. Collimation is a way by which the beam of radiation is narrowed so that it is focused on a specific area and so minimises exposure to radiation of surrounding tissues.
- Staff undertook training in respect of their roles and responsibilities within the practice.
- Patients reported that they were very satisfied with their treatment and that staff were respectful and helpful.
- Patients were provided with detailed information and treatment plans and were involved in making decisions about their care and treatments.
- The practice could normally arrange a routine appointment within a few days and appointments were flexible to meet the needs of patients.
- Effective governance arrangements were in place for the smooth running of the service.
- Audits and reviews were carried out to monitor and improve services,
- Patient's views were sought and these were used to make improvements to the service where these were identified.

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

- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment. This relates to the use of a rectangular collimator.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. This relates to checking that sterilised instruments are packaged correctly and checked for their expiry date.

# 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?**

No action

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

The practice had systems and processes in place to provide safe care and treatment and to assess and minimise risks. There were procedures in place to safeguard children and vulnerable adults. The practice had an appointed safeguarding lead identified to oversee and monitor the safeguarding procedures. Staff undertook safeguarding training appropriate to their roles and responsibilities. Staff who we spoke with understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance. The cleaning and decontamination of dental instruments was carried out in line with current guidelines. However we found some dental instruments that were packaged incorrectly and some for which the sterilisation expiry date has passed.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions. However we saw that the rectangular collimator had been removed from some of the X-ray machines. Collimation is a way by which the beam of radiation is narrowed so that it is focused on a specific area and so minimises exposure to radiation of surrounding tissues.

The practice kept the range of recommended medicines and equipment for use in medical emergencies and staff were trained in basic life support procedures.

New staff were appropriately recruited In line with the practice recruitment procedures.

**Are services effective?**

No action

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

The practice had a system of robust policies and procedures to ensure the effective delivery of care and treatment. Patient consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE).

There were systems in place to ensure that patient's medical history was obtained and reviewed to help the dentists identify any risks to patients. Oral assessments were carried out in line with current guidance. This information was regularly reviewed and used to plan patient care and treatment.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Consent to care and treatment was sought in line with current relevant guidelines. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together and the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

The dentists were registered with the General Dental Council (GDC). Staff were supported and provided with training and personal development to help them deliver effective dental care and treatment.

# Summary of findings

**Are services caring?**

No action

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentially with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

The patients who we spoke with said that they were treated with respect and kindness by staff. They said that the dentists and dental nurses were patient, caring and understanding. Patients said that staff were kind and respectful.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said that they were allocated enough time and that treatments were explained in a way that they could understand, which assisted them in making informed decisions.

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

No action

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

Appointments could be booked in person or by telephone and patients could contact the practice via the practice website.

The practice was open between 8am and 6pm on Mondays to Fridays and by appointment only on Saturdays.

The practice premises were accessible and provided step free access and sufficient room to cater for patients who used wheel chairs or other mobility aids.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Information about the practice was available in a practice information leaflet and on the practice website.

**Are services well-led?**

No action

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

There were suitable governance arrangements and leadership within the practice to ensure that appropriate systems were in place to monitor and improve the quality and safety of services.

There were arrangements in place to ensure that training was accessible to staff. Learning and development needs of staff were reviewed at appropriate intervals and staff received appropriate appraisal or supervision.

The practice had systems to obtain and act on feedback from patients and used this to improve the quality of the service provided.

# Homewood Dental Practice

**Detailed findings**

## Background to this inspection

The inspection was carried out on 9 November 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

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

During the inspection we spoke with three dentists, the clinical director, business manager and the practice manager, three dental nurses, and four patients.

We reviewed policies, procedures and other records relating to the management of the service. We also spoke with four patients and reviewed the comments made by seven patients who completed CQC comment cards.

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, accidents, incidents and complaints. These policies were regularly reviewed and were accessible to all staff. The dentists, practice manager and dental nurses who we spoke with were aware of the practice reporting procedures including reporting accidents and incidents and their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We were shown records from incidents and complaints that had occurred and found that these had been investigated and learning shared with staff to secure improvements.

The dentists were aware of their responsibilities under the duty of candour and had access to policies and procedures in relation to this. The dentists who we spoke with described the action they would take if there was an incident or accident that affected a patient. They told us that affected patients would be contacted and offered an apology and an explanation of what actions had been taken to address the issues and to minimise the risks of this recurring.

The practice manager and dentists told us that they reviewed alerts 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. There were systems in place for sharing and acting on relevant alerts. Staff who we spoke with were able to demonstrate that they had reviewed and acted on recent safety alerts in relation to medicine recalls, antibiotic prescribing and issues relating to equipment.

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

The practice had policies and procedures in place for safeguarding children and vulnerable adults. These included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff had undertaken role specific training and those staff who we spoke with were able to describe how they would act if they had concerns about the safety or welfare of patients. They were also aware of whom to report concerns to including reporting to external agencies if required.

The practice had a whistleblowing policy which described how staff could raise concerns. Staff who we spoke with were able to demonstrate that they were aware of this policy. They told us they felt confident and supported to raise concerns without fear of recriminations.

The dentists told us that they always used a rubber dam when carrying out root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

. The patient dental records which we were shown included a record of when a rubber dam was used.

**Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency. Staff undertook periodic training updates and staff who we spoke with were aware of their roles and responsibilities in relation to dealing with a range of medical emergencies. Records from the practice meetings showed that potential medical emergency situations were discussed to assist staff in dealing with these.

The practice kept the recommended range of equipment and medicines including oxygen for use in a medical emergency in line with the 'Resuscitation Council UK' and British National Formulary guidelines. These medicines were regularly checked to ensure that they were in date and available for use if required. We saw that the oxygen was checked daily and the emergency medicines were checked on a weekly basis.

The emergency equipment included an Automated External Defibrillator (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). Weekly checks were carried out and the AED battery was replaced in line with the manufacturer's instructions.

**Staff recruitment**

The practice had a recruitment policy, which described the 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. We reviewed the records for two members of staff who had been employed within the previous 12 months and found that these procedures were being followed. We saw that 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.

All new staff undertook a period of induction during which they had the opportunity to familiarise themselves with the practice policies and procedures.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. 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 a range of policies and procedures to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and a number of safety risk assessments were carried out to identify and assess risks associated with the practice premises and equipment.

There were procedures for dealing with fire including safe evacuation from the premises and staff undertook training in relation to fire safety awareness. There were procedures in place to minimise and deal with the outbreak of fire at the practice. Fire safety equipment was regularly checked including daily fire alarm checks. Fire evacuation procedures were displayed throughout the practice. The records from practice meetings showed that the fire procedures were discussed to help assist staff deal with an outbreak of fire at the practice.

The practice had procedures in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. 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. We saw the practice had a system in place to regularly update their records to include receiving COSHH updates and changes to health and safety regulations and guidance.

**Infection control**

There was an infection control policy and staff undertook infection control training which included decontamination of dental instruments and hand hygiene. Staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Records showed that all relevant staff had received inoculations 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.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgeries, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. Records that we were shown demonstrated that regular infection control audits were carried out to test the effectiveness of the infection prevention and control procedures.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

# Are services safe?

The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures. Sterilised instruments were packaged, sealed, stored and dated with an expiry date. However we found some dental instruments packages had not been sealed correctly and some were past the sterilisation expiry date and therefore their sterility could not be assured.

We saw records which showed that 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 autoclaves to ensure they were functioning properly. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and posters describing proper hand washing techniques were displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery and staff who we spoke with could demonstrate that they understood and followed these procedures.

Clinical waste including sharps was stored securely for collection. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The practice had procedures in place for minimising risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The most recent legionella risk assessment had been carried out in August 2016 and the areas for improvement identified within this assessment had been actioned. Staff carried out other measures including disinfection of dental waterlines to help minimise the risk of contamination.

**Equipment and medicines**.

The practice had systems in place for carrying out checks to equipment and medicines to ensure that they were accessible, safe and fit for use.

Portable Appliance Testing (PAT) was carried out for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Records were kept in respect of checks and maintenance carried out for equipment such as the X-ray equipment and autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

There were procedures in place to ensure that medicines including local anaesthetics and emergency medicines were stored appropriately, in date and accessible as needed. We found a small quantity of expired dental materials in two of the dental surgeries. These were promptly removed and the practice manager assured us that the systems for checking stocks of dental materials would be strengthened through more regular checking of the dental surgeries.

**Radiography (X-rays)**

The practice had a radiation safety policy in place and was registered with the Health and Safety

Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records we were shown demonstrated that the dentists were to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000. One of the dentists was listed as the radiation protection supervisor to oversee practices and ensure that the equipment was operated safely and by qualified staff only.

There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including the service and maintenance history.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had systems to check that X-rays were being carried out safely and in line with current guidance. However we saw that the rectangular collimator had been

# Are services safe?

removed from some of the X-ray machines. Collimation is a way by which the beam of radiation is narrowed so that it is focused on a specific area and so minimises exposure to radiation of surrounding tissues.

A recent audit had been carried out to monitor the quality of dental X-rays images in accordance with the National Radiological Protection Board (NRPB) guidelines. The results from this audit showed that improvements were needed. For example; while 95% of X-rays which were graded were grade 1 quality (images with no errors exposure, positioning or processing), 50% of X-ray images had not been graded. The practice had implemented a plan to make the necessary improvement. This included monitoring dentists practice in relation to grading X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The practice had a range of robust policies and procedures in place for assessing and treating patients. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. Patients were asked to confirm any changes in their health at subsequent visits. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment.

The patient dental records which we were shown included detailed descriptions in respect of oral examinations including as assessment of patients gums and soft tissues to help identify an abnormalities. They also included detailed information about the discussions between the dentist and patient regarding diagnosis, treatment options available and any associated risks. Patients' dental treatment was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. There were systems in place making referrals and monitoring patients after they had undergone their treatment and were 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 area contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care including information on diet, alcohol and tobacco consumption and maintaining good oral hygiene.

Patient's dental records we viewed included details of the advice given in relation to maintaining good oral health, diet, alcohol and tobacco consumption.

**Staffing**

The dentists and the qualified dental nurse working at the practice were currently registered with their professional body and there were arrangements in place to ensure that the dentists were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. The four trainee dental nurses were being supported to complete their diploma in dental nursing. The practice was also an approved foundation training practice and regularly offered placements to newly qualified dentists.

Staff who we spoke with told us that they had access to training opportunities and daily support to enable them to carry out their duties.

There were systems in place to carry out an appraisal of individual staff performance and to identify training and development requirements.

**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. The referrals were based on the patient's clinical need.

The practice had systems in place to regularly monitor its referrals process to ensure that these were made in a timely way and followed up appropriately.

**Consent to care and treatment**

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. Patient dental records which we were shown included a summary of the detailed discussions between the dentists and patients in respect of the proposed treatment. Records also included a detailed treatment plan which covered treatment options, intended benefits and potential risks. The treatment plans were agreed and patients consent was obtained before the treatment commenced. Staff were aware that consent could be removed at any time.

We spoke with four patients and they told us that their proposed treatment options and any associated risks or complications had been explained to them in a way that they could understand. They also told us that they were provided with a clear estimate of the cost of treatment.

These procedures for obtaining patient consent included reference to current legislation and guidance including the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of

# Are services effective?

## (for example, treatment is effective)

adults who may lack the capacity to make particular decisions. These policies and procedures were accessible to staff and kept under review to ensure that they reflected any changes in guidance or legislation.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to confidentially they would speak to them in a private room. All discussions held in relation to treatment were carried out within the dental surgeries.

Staff understood the need to maintain patients' confidentiality. The practice manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. Staff who we spoke with were able to demonstrate that they understood the practice policies and procedures and their responsibilities in relation to these.

We observed the receptionist interact with patients both on the phone and face to face and noted they were consistently polite and helpful towards them, creating a welcoming and friendly atmosphere.

Four patients who we spoke with on the day of the inspection told us that the dentists and dental nurses were kind and helpful. This was also reflected in the comments we received in the seven CQC comment cards and the results of the practice patient satisfaction questionnaires.

**Involvement in decisions about care and treatment**

The patients who we spoke with said that the dentists explained their treatments in a way that they could understand and that they were involved in making decisions about their dental care and treatment.

The practice had policies and procedures in place in relation to the Gillick competency test. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff who we spoke with were aware of and understood these procedures.

The practice had procedures in place for meeting the needs people who may require extra support. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

Information displayed in the waiting area described the range of services available and the practice opening times and this information was also available on the practice website. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available.

The practice was open between 8am and 6pm on Mondays to Fridays and by appointment only on Saturdays. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone to the NHS 111 service.

Staff told us that routine appointments could be booked within a few days and the practice operated a triage system to assess patient's needs. We saw that dedicated emergency appointments were available each day.

**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. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice considered the needs of patients who may require extra support and had made reasonable adjustments. The dental practice was located on the ground and first floor of a purpose adapted property. There was step free access to the practice and the toilet facilities had been fully enabled for those with limited mobility. Two dental surgeries were located on the ground floor. The premises had sufficient space to accommodate patients who used wheelchairs.

Staff told us that they had could access a translation service for patients whose first language was not English should this be required.

**Access to the service**

Four patients who we spoke with told us that they could always get an appointment that was convenient to them. Patients could book appointments in person, by telephone or request advice or an appointment online via the practice website. The practice carried out regular surveys to determine that they were meeting the needs of patients. These covered patient satisfaction with access to the service including waiting times. The results from the most recent surveys indicated that patients were happy with access to the service.

Staff told us that appointments usually ran to time and the patients we spoke with said that they did not have to wait too long to be seen. The receptionist told us that they advised patients if the dentist was running behind time.

**Concerns & complaints**

The practice had a complaints policy and procedure. This was in line with its obligations to investigate and respond to complaints and concerns. The practice manager was the dedicated complaints manager.

Information to describe how patients could raise complaints was readily available in the practice patient leaflet, on the website and displayed within the waiting area.

The patients who we spoke with told us that if they had concerns or complaints that they would raise these with the dentists directly or speak with the practice manager. They told us that while they had no reason to complain they felt confident that any issues or concerns would be dealt with appropriately.

We reviewed records in relation to complaints received within the previous 12 months and found that these had been investigated and a full response, explanation and apology given to the complainant. Complaints were discussed at practice meetings so that learning was shared across the practice.

# Are services well-led?

## Our findings

**Governance arrangements**

The practice had suitable governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a number of policies and procedures and there were systems in place to ensure that these were followed consistently. The policies and procedures were detailed, practice specific and kept under review to ensure that they reflected the day to day running of the practice.

The practice had systems to monitor various aspects of the service and to identify and manage risks to patients and staff. Risks associated with the premises, infection control, X-rays and X-ray equipment were regularly assessed.

There were a number of arrangements in place to monitor the quality of services provided and the outcome from these was shared with staff through practice meetings. The practice assessed each dentist's performance against the NHS Dental Assurance Framework to monitor areas including antibiotic prescribing, number of extractions and recalls. The results from these audits were reviewed with individual dentists and areas for improvements were shared where they were identified.

**Leadership, openness and transparency**

There was clear leadership and oversight at the practice. The dentists, dental nurses and the practice manager took lead roles in key areas such as safeguarding, infection control and patient safety. Staff told us that they well as a team and that staff were clear about their roles and responsibilities.

The dentists and staff could demonstrate that they understood and discharged their responsibilities to comply with the duty of candour and they told should there be an incident or accident that affected a patient the practice would act appropriately and offer an apology and an explanation.

Staff who we spoke with told us that they could raise concerns without any fear of recriminations and that there was an open and transparent culture within the practice.

**Learning and improvement**

The practice had systems in place to ensure that relevant information was shared with staff during daily communications and regular practice meetings. The outcomes from audits, complaints and other patient feedback was widely shared to make any necessary improvements.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice was also an approved foundation training practice and regularly offered placements to newly qualified dentists.

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

The practice had effective systems for acting on patient and staff feedback. Patients were invited to complete safisfaction questionnaires and to provide feedback on an informal basis. The results of patient reviews, complaints, comments and suggestions were analysed and used to make improvements to the service where these were required.

Staff who we spoke with told us that their views were sought and they could make suggestions about how improvements could be made to the service.