

Redbridge Associates Limited

# Accrington Road Dental Center

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 7 December 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**

Accrington Road Dental Center is situated in Blackburn, Lancashire. The practice offers mainly NHS dental treatments to patients of all ages and also offers private treatments. The ratio of NHS to private is approximately 60% / 40%. The services include preventative advice and treatment, routine restorative dental care and dental implants. They also hold an NHS contract for orthodontics and minor oral surgery.

The practice has eight surgeries, a decontamination room, two waiting areas and a reception area. The reception area, main waiting area and five surgeries are on the ground floor along with accessible toilet facilities. The smaller waiting area, decontamination room and three surgeries are on the first floor. There are staff facilities and storage on the second floor.

There are 10 dentists (one is an orthodontist and one is an oral surgeon), one dental hygienist, 11 dental nurses (four of whom are trainees), two patient co-ordinators and a practice manager. Many of the dental nurses also cover reception duties.

The opening hours are Monday and Wednesday 9:00am to 8:00pm, Tuesday and Thursday 9:00am to 5:00pm, Friday 8:00am to 5:00pm and Saturday 9:00am to 1:00pm.

# Summary of findings

The practice manager 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 received feedback from 38 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were welcoming, friendly and respectful. They also commented the surgeries were clean and hygienic, they felt listened to and any concerns were addressed.

## Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had 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 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.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- Decontamination and sterilisation procedures were effective. However, staff were unclear about the checks for the ultrasonic bath and autoclave.
- Staff were carrying out procedures to reduce the risk of legionella but the practice had not carried out a legionella risk assessment.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health namely 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.
- Review the storage of environmental cleaning equipment giving due regard to national guidance.
- Review its responsibilities with regard to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all substances used in the practice are listed in the COSHH folder.
- Review the availability of a legionella risk assessment and implement the required actions, giving due regard to the guidelines issued by the Department of Health namely Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the Health and Safety Executive –Approved Code of Practice L8: Legionnaires' disease (The control of legionella bacteria in water systems).
- Review the practice's recruitment policy and procedures to ensure Disclosure and Barring Service (DBS) checks for all new staff are sought at the point of employment.

# 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.

Policies and processes were in place for the reporting of incidents, accidents and the 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 how to report them.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety. We noted the practice had not carried out Disclosure and Barring Service (DBS) checks for the specialist dentists.

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. The emergency equipment and medicines were in date and generally in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We noted that no portable suction or ambubag was present in the medical emergency kit.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced. There was some uncertainty regarding the checks needed on the ultrasonic bath and autoclaves.

A legionella risk assessment had not been carried out. Staff were however carrying out procedures to reduce the likelihood of legionella developing in the dental unit water lines.

No action



### Are services effective?

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

The dentists were aware of 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).

All staff were encouraged to complete training to enhance their roles. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice or in response to patient preference.

No action



### Are services caring?

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

During the inspection we received feedback from 38 patients. Patients commented staff were welcoming, friendly and respectful. They also commented they felt listened to and any concerns were addressed.

No action



# Summary of findings

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.

## 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 appointments each day. 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.

The practice was accessible for wheelchair users and those with limited mobility. The practice had recently carried out a Disability Discrimination Audit and were looking at implementing the actions identified.

No action



## 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. The practice manager was responsible for the day to day running of the practice. One of the associate dentists was the clinical lead and had been given the role of monitoring and improving the quality of care within the practice.

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

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. Poor record keeping had recently been highlighted and the clinical lead had implemented a process to improve this.

The practice carried out an annual patient satisfaction survey and also conducted the NHS Friends and Family Test (FFT).

No action



# Accrington Road Dental Center

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

We informed the local NHS England area team that we were inspecting the practice. They had some concerns with regards to record keeping at the practice.

During the inspection we received feedback from 38 patients. We also spoke with two dentists, two dental

nurses, one receptionist, one practice coordinator 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 guidance for staff about how to report incidents and accidents. We reviewed the significant events which had occurred in the last 12 months. These had been documented and analysed. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and notifications which need to be reported to the CQC.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were 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. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. The practice manager described an example of when a referral to the local safeguarding team was made in the best interest of the patient. This had been done in line with the practice's policy and process.

We spoke to staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was not in use but a risk assessment was seen to mitigate risk of sharps injury. We were told that the clinicians were responsible for handling local anaesthetic needles.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from 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 is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff had completed training in emergency resuscitation and basic life support within the last 12 months. As part of the monthly staff meetings medical emergency scenario training was completed.

The practice kept two sets of emergency medicines, medical emergency oxygen and resuscitation kits. One set was kept on the ground floor and the other on the first floor. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and generally in line with the Resuscitation Council UK guidelines and the BNF. We noted the lack of portable suction or ambubag in both resuscitation kits. This issue was raised with the practice manager.

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 and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinders were full and in good working order, the AED battery was charged and the emergency medicines were in date.

### Staff recruitment

# Are services safe?

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 staff 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 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 checks were in place for many of the staff but not all. We noted the practice had not carried out a DBS check on the specialists (in oral surgery and orthodontics). They had copies of DBS checks from other employers. This issue was raised with the practice manager.

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 assessments were in place at the practice. 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. An annual health and safety risk assessment was carried out on the premises.

There were policies and procedures in place to manage risks at the practice. These included manual handling, the use of the autoclave, the use of latex and work experience students.

A fire risk assessment had been carried out and staff had received training in fire awareness. The practice carried out six monthly fire drills and weekly fire alarm tests.

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. 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. Not all of the substances used in the practice were included in the COSHH folder. This was highlighted to the practice manager on the day of inspection and we were told this would be addressed.

## **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)'. A dental nurse was the infection control lead with responsibility for overseeing the infection control procedures within the practice.

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

We observed the treatment rooms and the decontamination room to be clean and hygienic. 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. In one surgery we saw some instruments had tape on them. Tape on instruments makes them difficult to clean.

There was a cleaning schedule which identified and monitored areas to be cleaned. We noted mop heads were stored inside the buckets, preventing them from drying effectively. This issue was raised with the practice manager who told us this would be addressed.

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. 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.



# Are services safe?

Decontamination procedures were carried out in a dedicated decontamination room 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.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

There was some confusion about the procedures for the daily and weekly checks on the ultrasonic bath and autoclave. For example, the protein residue test was completed after the instruments had come out of the autoclave. This test is intended to be completed once instruments have finished in the ultrasonic bath. There was no evidence the daily automatic control test was carried out on the autoclaves.

The practice had been carrying out the Infection Prevention Society (IPS) self-assessment audit every three months. This relates 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. The audit showed the practice was meeting the required standards.

A legionella risk assessment had not been carried out. The Health and Safety Executive states that "all systems require a risk assessment". The practice was however carrying out actions to help reduce the likelihood of legionella developing the dental unit water lines including running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and tests on the water quality to check whether Legionella was not developing.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. There was a process in place to ensure equipment was regularly serviced. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue. The practice also dispensed antibiotics for private patients. These were kept locked away and a log of which antibiotics had been dispensed was kept. All of these antibiotics were in date and a stock control system was in place to ensure medicines did not go out of date.

## 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 the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure 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 a justification, grade and a report were documented in the dental care records for all X-rays which had been taken.

An x-ray audit had been carried out. 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).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. 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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Dental care records were not always detailed. This issue had also been raised by the NHS local area team. The practice had subsequently implemented a system in order to improve record keeping.

Medical history checks were updated every time patients 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.

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 dentist 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 provided preventative care 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 dentists applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended 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 awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Prior to the induction new staff were sent a copy of the important policies in order to become familiar with them. The induction process also included a tour of the premises, fire evacuation procedures and the complaint procedure. We saw evidence of completed induction checklists in the personnel files. As part of the induction process new recruits had a performance review after three months.

Staff were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

### 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 current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including paediatric dentistry and sedation.

The practice was using the NHS online referral system which facilitated referral monitoring. Any letters received back would be saved with the relevant patient's care records.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Patients were given 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. The dentists 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 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. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time.

# Are services caring?

## Our findings

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

Feedback from patients was positive and they commented they were treated with care, respect and dignity. 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 was maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors closed during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

### **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. One of the dentists told us they would use photographs and models to help describe treatments to patients.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the practice 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 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. 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. The practice was accessible for wheelchair users and those with limited mobility. There was step free access to the premises and four ground floor surgeries. One of these surgeries had a dental chair which was easier for patients who had mobility difficulties to sit on. The practice also had a hearing loop for patients with auditory needs.

A DDA audit had been completed in October 2016 (as required by the Disability Act 2005). The actions had been put on the maintenance schedule in order to improve the practice. These included a back rest on the accessible toilet.

### Access to the service

The practice opening hours were available in the practice information leaflet and on the practice website. The practice did not display the opening hours outside the premises. The practice manager told us this would be rectified.

The opening hours are Monday and Wednesday 9:00am to 8:00pm, Tuesday and Thursday 9:00am to 5:00pm, Friday 8:00am to 5:00pm and Saturday 9:00am to 1:00pm.

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. Private patients were provided with a mobile telephone number which was shared by other local dentists on a rota basis. NHS patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service.

### 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 available in the waiting room. The practice manager was responsible for dealing with complaints when they arose. 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 they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy.

The practice manager kept a complaints log. This included the nature of the complaint, the date it had been acknowledged, the date of response and a conclusion including any actions taken as a result.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice manager was responsible for the day to day running of the service. One of the associate dentists was the clinical lead within the practice and offered mentoring and support to the other dentists in the practice and across the group.

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 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.

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

The practice culture encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. 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 would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as infection control, the appointment system and staff feedback were discussed.

### **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 audits such as x-rays and infection prevention and control.

A recent audit had identified that record keeping within the practice was not of the accepted standard. The clinical lead had been tasked with bringing about improvement and we saw that measures had been introduced as a result. The clinical lead advised us of the difficulties he faced in delivering the necessary change and that he had introduced one to one meetings with staff whose performance needed to be robustly managed.

Staff had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

### **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 a rolling patient satisfaction survey. The satisfaction survey included questions about the ease of making an appointment, the waiting time in reception area and the friendliness of staff. We were told feedback from the patient survey was passed to the head office and where appropriate action was taken to address any issues. For example, we were told if several patients were unhappy with the time waiting in the reception area the head office would remotely increase the length of the dentist's appointments in order to reduce the risk the dentist from running late.

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