Aesthetic Smiles

# Aesthetic Smiles

## Inspection Report

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Date of inspection visit: 21 February 2017
Date of publication: 03/04/2017

## Ratings

## Overall rating for this service



## Overall summary

We carried out an announced comprehensive inspection on 21 February 2017 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**

Aesthetic Smiles is a dental practice providing private and NHS care for adults and children. Where private

# Summary of findings

treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted property with patient facilities on the ground and first floor.

The practice has four dental treatment rooms; one on the ground floor and three on the first floor. There is a dedicated X-ray room on the first floor. There is also a reception and waiting area and other rooms used by the practice for office facilities and storage. The practice is open from 8.00am to 6.00pm from Monday to Thursday and from 8.00am to 1.00pm on Fridays.

The practice has two full time dentists and one part time dentist. They are supported by three dental nurses, a trainee dental nurse, a part time dental hygienist, a practice manager and two dedicated receptionists.

The practice are able to provide general dental services including endodontic (root canal) treatment, orthodontic treatment, implants, minor oral surgery and some cosmetic dentistry.

The practice also provides the option of treatment under conscious sedation and the expected arrangements are in place to do this safely. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out.

The registered provider is a partnership of the two principal dentists. The registered manager is the practice manager. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We also spoke with patients on the day of our inspection. We received feedback from a total of 51 patients. All the feedback was positive with patients commenting favourably on the quality of care and service they received, the professional, efficient and caring nature of staff and the cleanliness of the practice. Patients also commented on the ease with which they were able to make appointments.

**Our key findings were:**

- Staff reported incidents which were investigated, discussed and learning implemented to improve safety.
- The practice was visibly clean and well maintained and infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.
- The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients commented that they were extremely satisfied with the care they received and that staff were helpful, kind caring and courteous. They also said they were able to get appointments easily and at times convenient to them.
- The practice had good facilities and was equipped to treat patients and meet their needs but the practice was not accessible for wheelchair users.
- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- Arrangements for the provision of treatment under conscious sedation were in line with published guidance.
- Governance arrangements were in place for the smooth running of the service.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# 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 a system in place to identify, investigate and learn from significant events.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines and stored securely.

Use of X-rays on the premises was in line with the Regulations.

Arrangements for the provision of treatment under conscious sedation were in line with published guidance.

**Are services effective?**

No action 

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

The dental care provided was evidence based and focussed on the needs of the patients. The clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Staff demonstrated a commitment to oral health promotion.

The staff received ongoing professional training and development appropriate to their roles and learning needs.

Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

The practice had an effective system to make and receive referrals to and from other dental professionals when appropriate to do so.

**Are services caring?**

No action 

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

# Summary of findings

We received feedback from 51 patients and these provided a wholly positive view of the service the practice provided. Comments reflected that patients were extremely satisfied with the care they received and commented on the welcoming, caring and helpful nature of the staff. Patients told us treatment options were fully explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

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

**No action** 

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

The practice had good facilities and was equipped to treat patients and meet their needs but the practice was not accessible for wheelchair users.

Routine dental appointments were available, as were urgent on the day appointments. Patients told us they found it easy to get an appointment.

Information was available for patients in the practice's leaflet and on the practice's website.

Information about how to complain was available to patients and complaints were responded to appropriately.

The practice had access to and used translation services for patients whose first language was not English.

**Are services well-led?**

**No action** 

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

There was an open culture and staff were well supported and able to raise any concerns. .

Clinical audit was used as a tool to highlight areas where improvements could be made.

Feedback was obtained from patients and discussed and acted upon to make changes to the service provided if appropriate.

Systems and processes within the practice were operated effectively. Governance arrangements were in place. There were policies and protocols available which were regularly reviewed and updated. Risks had been assessed and mitigating actions put in place.

# Aesthetic Smiles

**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

We carried out an announced, comprehensive inspection on 30 January 2017. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the practice manager, two dentists, a dental nurse and two receptionists.

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**
Staff we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff within the practice's health and safety policy and discussion during practice meetings. Accident forms were available which aided staff to consider when a report would be necessary.

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was a significant event policy which provided staff with guidance regarding the process. Events were recorded within the practice and these were monitored in order to identify any themes or trends. Records we looked at demonstrated that events had been reviewed and discussed at the next practice meeting in order to share any learning. For example we looked at the record of an event relating to a breach of confidentiality in August 2016. We saw that it had been thoroughly investigated, discussed and a change in process implemented to avoid a repetition of the issue.

The practice had a safety alerts policy which had been reviewed in June 2016. The practice manager told us that national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession were sent to the practice email address. There was a member of staff responsible for dealing with any alerts received and we saw that a number of recent alerts had been acted upon. However we saw that an alert published on 6 September 2016 which was relevant to primary care providers was not present in the safety alerts file. The alert related to a medicines recall. The practice manager told us they would review the system for receiving safety alerts to identify why this had either not been received or acted upon.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff we spoke with had a good awareness of this and told us they were encouraged to be open and honest if anything was to go wrong. This was evident in the way complaints and significant events had been dealt with and responded to.

**Reliable safety systems and processes (including safeguarding)**
The practice had policies in place for safeguarding children and vulnerable adults which had been regularly reviewed. The practice manager was named as the safeguarding lead for the practice. There was also a flow chart in the safeguarding folder and displayed in the staffroom which detailed the actions a staff member should take if concerned. Contact details were readily available for the relevant agencies for raising a concern. We saw evidence that all staff had received safeguarding training to the appropriate level for their role and the principal dentists and the practice manager were trained to level three in child safeguarding.

The practice had an up to date employers' liability insurance certificate which was displayed in the reception area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in January 2018.

We spoke with the principal dentists who told us rubber dams were used without exception when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square 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 (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had a sharps injury policy and there was a comprehensive protocol for dealing with needle stick injuries displayed in each surgery. There was a sharps risk assessment in place which stated the practice were using 'safer sharps' which would have been in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation. However our discussions with the dentists demonstrated that this was not always the case. They told us they would review the system and undertake another risk assessment.

The practice provided conscious sedation and we found that they were meeting the standards set out in the

guidelines published by the Standing Dental Advisory Committee – 'Conscious Sedation in the Provision of Dental Care. Report of an Expert Group on Sedation for Dentistry' commissioned by the Department of Health in 2003. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out.

**Medical emergencies**

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their location and how to access them and they were stored securely. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and safe to use should they be required. Records we saw showed that the emergency medicines and equipment were checked on a daily basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

There was a specific emergency kit available relating to the provision of conscious sedation.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support in April 2016 and the practice incorporated training in emergency situations in their monthly staff meetings.

**Staff recruitment**

The practice had a recruitment and selection policy which had been regularly reviewed. We saw that the policy had been followed in the recruitment of staff. We reviewed five staff recruitment files which were well organised and saw evidence that appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of checks through the Disclosure and Barring Service (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).

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

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which had been regularly reviewed and was accessible for all staff to reference in a folder. A health and safety risk assessment had been carried out annually, the last one being undertaken in July 2016 and included risk assessments for sharps, clinical waste disposal, gas cylinders, radiation and environmental hazards.

There was a fire safety policy and a fire risk assessment had been carried out in July 2016. There were written fire procedures in place relating to the evacuation of the premises.

Staff had received fire safety training and there were two fire marshals. We saw that fire drills had been undertaken on a monthly basis with the last full evacuation drill having taken place in November 2016. Checks of fire safety equipment had been carried out on a weekly basis.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice with safety data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors. There were also COSHH risk assessments and safety data sheets relating to all products used by the external cleaning company. It was not clear if the safety data sheets had been reviewed to ensure they were up to date.

There was a business continuity plan dated September 2016 available for major incidents such as loss of computer system, power failure or incapacity of staff. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency.

**Infection control**

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail

the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had infection control policies which had been regularly reviewed. These gave guidance on areas which included the decontamination of instruments and equipment, spillage procedures, waste disposal and environmental cleaning of the premises.

The practice had an annual infection prevention control statement in line with the Department of Health code of practice.

There were two dedicated rooms for use during the decontamination process, one for dirty equipment and one for clean. We discussed the process with a dental nurse.

Instruments were cleaned manually and then inspected under an illuminated magnifier before being sterilised in one of the two autoclaves (a device used to sterilise medical and dental instruments). We saw that in the dirty room there was one hand wash sink and a further sink with two bowls in use during the decontamination process. However the bowls were too small for safe and effective cleaning. We pointed this out to the practice manager who told us they would change the process going forward.

The dental nurse demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively.

We saw that the required personal protective equipment was used throughout the decontamination process.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines. The practice used an approved contractor to remove clinical waste from the practice. We saw the appropriate waste consignment notices.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in March 2016 and all recommendations made in the risk assessment had been followed which included the control measure of monthly water temperature monitoring.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use.

The practice employed a cleaner to carry out daily environmental cleaning tasks. We saw there were records of cleaning in line with the schedule and colour coded cleaning equipment was used in line with national guidelines. We saw records that reflected that all treatment rooms were cleaned appropriately on a daily basis by the dental nurses.

**Equipment and medicines**

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We saw evidence that equipment checks had been regularly carried out in line with the manufacturer's recommendations. The practice's X-ray machines had undergone a full survey in May 2014 and the last annual mechanical and electrical test on all units had been undertaken in February 2017.

Portable appliance testing had been carried out annually, the last time being in April 2016. The autoclaves had been serviced in line with requirements and the pressure vessel inspection was next due in March 2017.

Dentists used the British National Formulary and were aware of the yellow card scheme to report any patient adverse reactions to medicines through the MHRA. We found that there a system to track prescribing including antibiotics which is a requirement of the provider under Criterion 3 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections which was updated in 2015.

# Are services safe?

**Radiography (X-rays)**
The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice had an intra-oral X-ray machine in each treatment room. These can take an image of one or a few teeth at a time. The practice also used an Orthopantomogram machine which can take a panoramic scanning dental X-ray of the upper and lower jaw. The practice displayed the 'local rules' of the X-ray machine in the room where each X ray machine was located. However these were not unit specific.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which included the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor and evidence of appropriate testing of equipment.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

We spoke with the dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines including new guidance from the FGDP regarding record keeping. For example, we saw that the guidelines were applied in relation to dental recall intervals and use of antibiotics.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed.

We saw that records also included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Following the clinical assessment records reflected a full description of the options discussed and the outcomes.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. Records we looked at showed that radiographs had been recorded including their justification and grading.

The practice had a rolling programme of audits in place and we were shown evidence of audits having been undertaken every six months to assess standards in radiography.

**Health promotion & prevention**

Dentists we spoke with were aware of and implementing guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. A television in the waiting area was used to provide health promotion information.

Dentists told us they regularly provided smoking and alcohol cessation advice to patients. Staff were aware of local smoking cessation services. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Appointments were available with hygienists in the practice to support the dentists in delivering preventative dental care.

**Staffing**

The practice was staffed by two full time dentists and one part time dentist. They were supported by three dental nurses, a trainee dental nurse, a part time dental hygienist, a practice manager and two dedicated receptionists.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We found that training needs of staff were monitored and clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Records at the practice showed that relevant staff had received annual appraisals. We also saw evidence of an induction programme for new staff.

**Working with other services**

The dentists and practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and orthodontic

# Are services effective?

## (for example, treatment is effective)

treatments, and complex minor oral surgery when the treatment required could not be provided in the practice. Referrals for suspected cancer were fast tracked and made by a form or letter and followed up with a phone call.

**Consent to care and treatment**

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. There was a practice policy relating to consent dated July 2016. Staff we spoke with had undertaken training in the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required. They also demonstrated their understanding regarding Gillick competence which relates to children under the age of 16 being able to consent to treatment if they are deemed competent.

The dentists we spoke with demonstrated a clear understanding of consent issues and described how they explained and discussed different treatment options with patients, outlining the pros and cons and consequences of not carrying out treatment. This was clearly documented in the sample of dental care records we reviewed. We also saw that patients were given written treatment plans and signed a consent form. They were also given time to reconsider the chosen treatment plan.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**
Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from 51 patients. All the feedback was positive with patients commenting favourably on the quality of care and service they received and the professional, efficient and caring nature of staff. There were numerous comments about how patients were treated as individuals and received a highly personalised service.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

**Involvement in decisions about care and treatment**
From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that patients were given clear treatment plans which contained details of treatment options and the associated cost.

A price list for treatments was available in the patient information folder in the waiting room and was also available on the practice website.

Patients told us that they felt listened to and plenty of time was taken to explain treatments to them. Many comments were from patients who had been referred to the practice for treatment and were complimentary about the level of information and involvement they received.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that the practice waiting area displayed a range of information. This included a patient information leaflet and leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on opening hours, practice staff, services available, emergency arrangements for both when the practice was open and when it was closed, complaints and patient confidentiality.

Patients commented that they were always able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs. Many patients commented specifically on how responsive the dentists were to their children, making them feel welcome, comfortable and relaxed.

**Tackling inequity and promoting equality**

Services were on the ground and first floor of the premises and ground floor facilities were accessible to less mobile patients but not wheelchair users due to restricted access to the premises. The practice had made applications to adapt the premises to make them wheelchair accessible but had been unsuccessful. They had a Disability Access policy which had been reviewed in July 2016 and had last carried out a Disability Access Audit in January 2017.

The practice were able to access a translation service to support patients whose first language was not English if this was required. This was by means of a community language service which had been introduced in February 2017 in Leicestershire. The practice also had a hearing loop in the reception area to assist patients with a hearing impairment.

**Access to the service**

The practice was open from 8.00am to 6.00pm from Monday to Thursday and from 8.00am to 1.00pm on Fridays. The practice was situated in the city of Leicester with on street parking or a car park within walking distance. The practice was also on a bus route, with a bus stop outside.

Information in the practice information leaflet and on the provider's website guided patients to call the practice in case of an emergency when the practice was closed. A recorded message on the telephone answering service then advised patients to call one of two alternative numbers dependent on whether they were NHS or private patients.

The practice told us they would arrange to see a patient within 24 hours and on the same day whenever possible if it was considered urgent. Comments from patients confirmed this and described how accommodating the practice had been in urgent cases.

The practice had a website and information patients were able to access on-line included details relating to opening times, prices and treatment options.

The practice operated a reminder service for patients who had appointments with the dentists. Patients received a telephone call or text depending on their preference, two days before their appointment.

**Concerns & complaints**

The practice had a complaints' policy which had been reviewed in June 2016. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

Information about how to complain was displayed in the waiting room and in the practice leaflet and on the practice website. The practice manager was designated as the person responsible for dealing with complaints in the practice.

We were shown a summary of complaints and saw that there had been three complaints received in the 12 months prior to our inspection. The documentation we reviewed showed the complaints had been resolved appropriately.

# Are services well-led?

## Our findings

**Governance arrangements**
There was a governance framework in place which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies were available which had been regularly reviewed and updated. We looked at policies which included those which covered infection control, health and safety, complaints, consent, sedation and safeguarding children and vulnerable adults.

There were systems and processes for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership, openness and transparency**
The leadership team within the practice consisted of the principal dentists and the practice manager. Staff told us they felt able to raise concerns within the practice and were listened to and supported if they did so. They described the leadership team as open and supportive and it was apparent that the team worked cohesively and effectively together.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of regular staff meetings which staff were encouraged to participate in fully. The meetings were minuted and included discussions around governance issues, clinical areas, training, significant events and complaints.

**Learning and improvement**
There was a rolling programme of clinical audits in place in order to monitor quality and to make improvements. We saw that infection control audits had been carried out at six monthly intervals, the last ones having been undertaken in July 2016 and January 2017. We saw that following the audit in July 2016 an action plan had been compiled and the actions completed. There was no action plan relating to the January 2017 audit.

We also saw that the most recent audit of clinical record keeping had taken place in January 2017. There was an action plan and the findings had been added to the next practice meeting agenda for discussion. Audits of the quality and justification of radiography (X-rays) were being carried out on a six monthly basis with the last one having been undertaken in October 2016. We saw that there was a clear summary of any actions required for each practitioner as a result of the audit. practitioner. An audit relating to the use of sedation had been carried out in July 2016 and no issues had been identified. Other audits we looked at related to disability access and clinical waste.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC. We also saw that the relevant dentists and dental nurses undertook annual training relating to sedation and kept up to date with related guidance.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

We saw evidence that all staff had received annual appraisals and personal development plans were in place where appropriate in order to identify staff learning needs.

**Practice seeks and acts on feedback from its patients, the public and staff**
The practice had a number of methods to gain feedback from patients. The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients in line with the requirements of NHS England. The results from January 2017 showed that 18 of 19 patient responses indicated that they were extremely likely or likely to recommend the practice to friends and family.

There was a compliments and complaints book in the reception area which was monitored for any patient feedback and suggestions. The practice had an ongoing survey for patients with the results being reviewed and analysed every six months. We saw that patient feedback was discussed as a team at practice meetings and where possible changes been implemented. For example, the

# Are services well-led?

most recent analysis of the survey results had highlighted waiting times as an issue and this was being addressed. Patients were also able to leave feedback online through the practice website.

It was apparent from the staff we spoke with and the minutes of practice meetings that staff were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.