

Whitecross Dental Care Limited

# Mydentist - Church Road - Stainforth

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 10 January 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**

Whitecross Dental, Church Road, Doncaster is situated on the main road in Stainforth and is part of the Mydentist group. The practice is a two story converted house providing mainly NHS and private treatment to patients of all ages. It comprises two treatment rooms; one on each floor, a decontamination room for sterilising instruments, a reception/waiting area, a staff room/kitchen and a general office.

Access for wheelchair users and pushchairs is possible by a step free entrance, which leads into the reception and waiting area. Car parking is available close by on the main road.

The dental team is comprised of one dentist (one dentist is currently being recruited), a practice manager, four dental nurses and one receptionist.

The practice is open:

Monday to Friday 8:30am to 5:30pm

# 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.

On the day of inspection we spoke with one dentist, two dental nurses, one receptionist and the practice manager. The area manager and regulatory officer were also present for the inspection. We were told by the area manager that recent staffing problems had become a priority and recruitment of a second dentist was in hand.

We received 17 CQC comment cards providing varied feedback. Some patients who provided feedback were very positive about the care and attention to treatment they received at the practice. Patients commented they were involved in all aspects of their care and found the staff to be caring, reassuring and helpful. Patients commented that there was sometimes a long delay from the time of their appointment to actually seeing the dentist and others commented that dentist appeared not to stay long at this practice. Patients stated staff were good at communicating information, they could access emergency care easily and they were treated with dignity and respect.

## Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and tidy.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had systems in place to work closely and share information with the local safeguarding team.
- The practice was reviewing its staff numbers and availability.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice had undertaken a governance review, put remedial actions into place and further improvements were being addressed.
- The practice sought feedback from staff and patients about the services they provided.
- There were newly defined leadership roles within the practice and staff felt supported at all levels.

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

- Review the practice's Medicines and Healthcare Products Regulatory Authority (MHRA) reporting procedure and embed the process within the practice.
- Review the practice audit processes to monitor and track the use of prescription pads.
- Review the practice's knowledge on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence and provide refresher training for all staff.
- Review the practice's procedure for carrying out X-ray audits annually to meet the requirements of the National Radiological Protection Board (NRPB) guidance and IR(ME)R 2000 regulations.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control and dental radiography.

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

The practice manager told us they received and actioned national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession through weekly notifications to every dental practice within the organisation. No supporting evidence was available to support this on the day of inspection.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location.

There was no system in place to monitor and track prescription pad usage.

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

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.

The practice used rubber dam in line with guidance from the British Endodontic Society.

No action



### Are services effective?

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

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

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

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

A lack of knowledge regarding the Mental Capacity Act 2005(MCA) and the concept of Gillick competence was identified during the inspection. We were assured training would be sought to rectify this as soon as possible.

No action



# Summary of findings

## Are services caring?

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

Patients were positive about the staff and the practice as a whole but some had commented negatively on waiting times to be seen and turnover of staff. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 17 responses, most of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely and computers were password protected.

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

No action



## 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 dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

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

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

The practice's website provided patients with information about the range of treatments available at the practice.

The practice had made reasonable adjustments to prevent inequality to any patient group.

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 defined management structure in place but staff had not felt supported until more recently. The practice manager was responsible for the day to day running of the practice and was in the process of implementing and embedding new processes.

The practice had undertaken a governance review which included an evaluation of staffing levels, staff morale, policies and procedures. Remedial actions were put in place and further improvements were being addressed with the support of the compliance and recruitment team

No action



# Summary of findings

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning including intra-oral X-ray audits. Records showed the last X-ray audit was completed over 12 months ago. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance. The practice manager assured us a new audit would be completed as soon as possible.

The practice conducted several continuous patient satisfaction surveys.

A lone working policy and risk assessment was in place to reduce this risk of any incidents occurring.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

# Mydentist - Church Road - Stainforth

## 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 second CQC inspector.

To assess the quality of care provided we looked at practice policies and procedures and other records relating to the management of the service.

We contacted the NHS local area team prior to our visit for information on the practice; nothing of concern was highlighted.

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 understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager had recently introduced a policy and procedure to report, record, analyse and learn from significant events and incidents. They were supported by a health and safety team at the corporate head office and staff told us such events would be discussed at practice meetings. We were told there had been no incidents or accidents within the last 12 months.

The practice manager told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession via the corporate department. Staff were aware of MHRA alerts and through the Central Alerting System (CAS), but no historical evidence of management of MHRA alerts was found. The practice manager was aware of this and was in the process of implementing an effective process.

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

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

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments

in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment indicating that the dentist was responsible for the disposal of used needles and other sharps instruments. A safe sharps system had been implemented for use in each surgery. The risk assessment was reviewed annually to ensure any new updates or equipment was added.

The dentist 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 dentist told us an alternative method was risk assessed and recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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

### Medical emergencies

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

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Daily and monthly checks were carried out on the emergency medicines and emergency medical equipment, records showed the medical oxygen cylinder was checked

# Are services safe?

weekly and the AED was checked daily. These checks ensured the oxygen cylinder was sufficiently full and in good working order and the AED was charged. We saw that the oxygen cylinder was serviced on an annual basis.

## Staff recruitment

The practice had a corporate recruitment policy and procedures in place for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all 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 a sample of recruitment files and these showed that all checks were in place.

All qualified clinical staff at this practice were appropriately 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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which was reviewed annually.

The practice had a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place. All safety data sheets for COSHH items were in place.

We saw a fire risk assessment from April 2014 and all actions had been completed by May 2016. We saw as part

of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. Records showed fire drills were carried out regularly, fire alarm testing, smoke detectors and emergency lighting was also tested regularly.

## Infection control

There was an infection prevention and 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 prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in January 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms and toilets.

Records showed the practice had completed a Legionella risk assessment in May 2015. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the



# Are services safe?

treatment rooms at the beginning and end of each session and between patients and the use of purified water. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the guidance from HTM 01-05. The cleaning COSHH materials were not accessible to the public but storage of mops required reviewing. This was discussed with the practice manager and a decision to purchase disposable mop heads was made.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment, X-ray machines and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

The practice had a procedure for logging prescriptions given to patients but had no audit system in place to monitor and track their use. We were told the practice manager planned to implement the same system introduced at a previous practice without delay.

We found local anaesthetics were stored appropriately.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. 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 that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helped address any issues that arose and set out learning outcomes more easily.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who

smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. 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. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training via the corporate academy to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

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

### Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were sent electronically, typed up or pro formas used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

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

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for

# Are services effective?

(for example, treatment is effective)

treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Some staff we spoke with were not fully aware of the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. We informed the practice manager of this and it was agreed that refresher training would be provided to improve staff awareness. The MCA is

designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

Feedback from patients was mixed, they commented they were treated with care, respect and dignity but felt more could be done to improve staff turnover and waiting times. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. Staff told us that personal details would not be discussed at reception and a more private area would be made available if a patient requested privacy.

Dental care records were not visible to the public on the reception desk and were stored securely when the practice was closed. Patients' electronic care records and appointment system was password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet.

We saw the treatment room door was closed at all times when patients were being seen. Conversations could not be heard from outside the treatment room which protected patient privacy.

The patient waiting area had a selection of magazines and dental information leaflets for patients to take home.

### **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.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an informative information leaflet and website. The information leaflet included details of the staff, dental treatments available, emergency access and opening hours. The practice's website provided patients with information about the range of treatments which were available at the practice.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequality to any patient group. The practice had a ground floor treatment room and an access ramp into the practice with hand rails. The practice offered interpreter services to patients whose first language was not English and to patients with impaired hearing. There was also an accessible toilet.

### Access to the service

Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients commented when they had required an

emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy dated January 2017 which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise 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 were told that several verbal complaints had been made over the past 12 months and evidence of action taken was presented. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. A new policy introduced January 2016 included discussing the complaints during staff meetings to learn from and prevent future complaints. We found there was an effective system in place which helped ensure a timely response.

# Are services well-led?

## Our findings

### Governance arrangements

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 which states the same.

The practice had undertaken a governance review which included staffing levels, staff morale and the implementation of new policies and processes. The practice manager had been in post for two weeks at the time of the inspection, during which, many policies and procedures had been applied and were being embedded within the practice. For example, a whistleblowing policy, use of sharps policy, infection prevention and control and equality and diversity policies were in place. Staff were aware of the new policies and procedures. The practice was managed by the practice manager who had support from regional managers and the compliance team from the company, some staff had been given lead roles and training to help take the practice forward.

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

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

A lone working policy and risk assessment was in place to reduce this risk of any incidents occurring.

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

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any

issues at any time. These were discussed openly at staff meetings and it was evident the practice had started to work as a team and dealt with any issue in a professional manner.

The practice held monthly meetings involving all staff members. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. The practice manager had implemented a procedure to ensure staff read and signed meeting minutes to maintain effective communication throughout.

All staff were aware of whom to raise any issue with and told us the dentist and practice manager were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as X-rays, dental care records, infection prevention and control.

The National Radiological Protection Board (NRPB) require X-ray quality assurance audits to be completed bi-annually, graded and analysed for learning and improvement. The last clinical audit we reviewed was November 2015; the results were in line with the National Radiological Protection Board (NRPB) guidance. We saw the regional quality assurance officer had reviewed radiographs during a practice audit dated December 2016, this was a routine quality assurance audit of ten sets of radiographs; records showed that the results were graded and assessed for quality improvement. The quality assurance officer had advised the practice in December 2016 of the requirement to carry out a full clinical X-ray audit without delay; this had not been actioned due to staff shortages.

Staff told us and records showed staff had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

# Are services well-led?

## **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 annual patient satisfaction surveys, a text message survey, an internal head office survey and comment cards were available in the waiting rooms. The satisfaction surveys included questions about the patients'

overall satisfaction and any comments for improvement. The most recent patient survey from October 2016 showed a good level of satisfaction with the quality of the service provided.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, and using the suggestion box in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.