

# SK Excel Dental Limited Todmorden

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 2 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

This practice is situated in Todmorden, West Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care. It also covers the NHS 111 service on Wednesday and Friday afternoons.

The practice has four surgeries, a decontamination room with separate clean and dirty sections, an X-ray room, two waiting areas and a reception area. The reception area, one waiting area and two surgeries are on the ground floor. The other two surgeries, the X-ray room and the second waiting room are on the first floor. There are accessible toilet facilities on the ground floor of the premises.

There are four dentists, six dental nurses (including three trainees), a receptionist and two practice managers.

The opening hours are Monday to Friday from 8-45am to 5-15pm.

The practice managers are the registered managers. 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.

# Summary of findings

During the inspection we spoke with and received feedback from 23 patients. The patients were generally positive about the care and treatment they received at the practice. Comments included that the staff were courteous, professional and friendly. They also commented that the surgery was clean and that treatment was well explained.

## **Our key findings were:**

- The surgeries were clean and hygienic.
- The practice had some systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and 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 that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.

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

- Review the practice's sharps risk assessment.
- Conduct the X-ray audit for individual practitioners.
- Complete the Infection Prevention Society (IPS) audit on a six-monthly basis.
- Review the staffs' awareness of the manually scrubbing of instruments.
- Review the dentists' awareness of Gillick competency.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

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

The practice had a sharps risk assessment and they used re-sheathing devices to prevent sharps injuries when re-sheathing needles. However, we noted that there had been four sharps injuries in the past four years involving trainee dental nurses whilst removing the needles. We saw that the risk assessment was modified during the inspection as a result of our feedback.

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

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

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. However, we noted that not all staff wore heavy duty gloves during the manual scrubbing of instruments and long handled brushes were not used.

### **Are services effective?**

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

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

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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

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

### **Are services caring?**

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

During the inspection we received feedback from 23 patients. Patients commented that staff were courteous, professional and friendly. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

# 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.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood. However, we noted that not all the dentists had a full awareness of Gillick competency.

## **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 appointment system in place to respond to patients' needs. There was a process whereby patient could access appointments for urgent or emergency treatment.

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 was accessible for patients with a disability or limited mobility to access dental treatment.

## **Are services well-led?**

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice managers were responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, we noted that the X-ray audit was not practitioner specific and the Infection Prevention Society (IPS) audit was only completed annually.

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

# Todmorden

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

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

During the inspection we received feedback from 23 patients. We also spoke with four dentists, three dental

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We reviewed the incidents which had occurred in the last few years. There had been four needlestick injuries in the past four years involving trainee dental nurses whilst removing needles from dental syringes. We discussed this with the practice managers and as a result of this being highlighted it was decided that the sharps risk assessment needed to be reviewed. This involved ensuring that only the dentist is responsible for dealing with any sharps in the surgery. We saw this risk assessment was updated during the inspection and it would be disseminated to all staff the following day.

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

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. If applicable to the practice these would be discussed with staff and actioned as appropriate.

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

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for the local safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

We were told that rubber dam (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) was used in root canal treatment in line with guidance from the British Endodontic Society. We saw that there was rubber dams kits available for the dentists to use.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse. Any paper documentation relating to patients were stored in lockable cabinets when the practice was closed.

### 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 resuscitation kits, oxygen and emergency medicines were stored in an upstairs surgery. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of 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 that all checks were in place.

# Are services safe?

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

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

A health and safety policy and risk assessment was in place at the practice. 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.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures, the use of pressure vessels, manual handling, and slips trips and falls. As part of the daily and weekly fire checks the practice managers checked whether there were any issues relating to the fabric of the building which could be a risk to patients or staff during a fire evacuation.

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 or mercury spillage procedures. The COSHH folder was reviewed every year by one of the practice managers to check whether any new hazards had been identified for the substances included in the folder.

## **Infection control**

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. One of the practice managers was the infection control lead. However, not all staff were aware of this.

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

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. However, we noted the flooring in the downstairs surgeries was rather cracked which could make effective cleaning difficult. We were told and saw evidence that as part of the practice's refurbishment plans the downstairs surgeries, including the flooring, were due to be refurbished soon.

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. Nurses completed an electronic checklist to confirm that they had completed all the tasks involved in setting up the surgery in the morning and closing it down at the end of the day. The practice managers would also conduct random surgery checks to ensure that the nurses were maintaining the cleanliness of the surgeries to an appropriate level.

There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in two separate decontamination rooms in accordance with HTM 01-05 guidance. There was a dirty and a clean room which were linked by a small opening in the wall where decontaminated instruments were passed through to the clean room to be sterilised. This system greatly reduces the likelihood of cross contamination. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination rooms which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely manually scrubbed instruments first and then used a washer disinfectant to clean the used instruments, examined them visually with an illuminated



# Are services safe?

magnifying glass, and then sterilised them in a validated autoclave. We noted that not all staff members used heavy duty gloves whilst manually scrubbing instruments and that nail brushes were used for the manual scrubbing. HTM 01-05 states that heavy duty gloves should be used when manually scrubbing instruments and that long handled brushes should be used to reduce the chance of sharps injuries to staff. These issues were brought to the attention of the practice managers and we were told they would be addressed.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in July 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. However, this audit should be completed every six months so was overdue. This was brought to the attention of the practice managers and we were assured that this audit would be completed on a six-monthly basis from now on.

Records showed a risk assessment process for Legionella had been carried out in November 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had been deemed low risk due to the absence of any water tanks in the premises. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the

compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use. The practice kept a log of all prescriptions given to patients to keep a track of their use. Prescription pads were kept locked away when not needed to ensure they were secure.

## Radiography (X-rays)

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

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The most recent audit confirmed the practice was performing well. However, we noted that this audit was not practitioner specific. By making the audit practitioner specific would ensure that any deficiencies in individual performance could be picked up more easily. We discussed this with the practice managers and we were told that the next cycle of the audit would be practitioner specific.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay or gum disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since their last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Patients confirmed that medical history checks were undertaken.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. However, the dentists were mindful of the potential risks of exposing patients to X-rays and took this into account when deciding on whether X-rays were justified or not. Justification for the taking of an X-ray, quality assurance grade of each x-ray and a report was recorded in the patient's care record.

### Health promotion & prevention

Staff told us the practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH).

DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to all children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were also prescribed for patients at high risk of dental decay.

There was a good selection of oral health promotion leaflets available in the practice to inform patients of importance of maintaining good oral hygiene and having a good diet.

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 and alcohol advice was given to patients where appropriate and the links to oral cancer was highlighted. We were also told that patients who smoked were referred to a local smoking cessation clinic if they so wished.

### 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, arrangements for fire evacuation procedures and the decontamination procedures. We saw evidence of completed induction checklists in the personnel files.

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

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. We saw that both of the practice managers were present at the appraisals and the

# Are services effective?

(for example, treatment is effective)

appraisal documents were very detailed and where areas for improvement had been identified, these had been followed up. The dentists had not had appraisals, however, after discussing this with the practice managers and the practice owner they thought that it would be a good opportunity to discuss audit results, general performance, patient feedback and well-being.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, minor oral surgery and sedation. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records. There was a referral log kept on the reception desk to help with monitoring when a referral had been sent and when a letter had been received back. The reception staff were responsible for chasing up referrals when necessary.

## **Consent to care and treatment**

Patients were given appropriate information to support them to make decisions about the treatment they received. We saw information leaflets were available detailing information with regards to different treatments. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and this was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. We saw that these were well documented in the dental care records. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time by the patient.

# 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. They said staff supported them and several patients commented they were nervous of dental treatment but were made to feel at ease by the staff. 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 were maintained for patients who used the service on the day of inspection. There was music playing in the waiting room which helped with maintaining patient confidentiality. Dental care records were not visible to the public on the reception desk. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets when that practice was closed.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. One of the dentists showed us a model which they used to describe treatment to patients. The practice had recently purchased an intraoral camera. We were told this was used to aid patients in understanding what dental problems they had and what treatments were available.

We were told by the dentists that they would speak to children slowly and in simple terms which they would understand. This would be in-line with their maturity and level of understanding.

Most staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. However, some of the dentists had a limited understanding of the Gillick competency test. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. This was brought to the attention of the practice manager and we were told that the dentists would be encouraged to access further training in this area.

# 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 within 24 hours, if not the same day. Patients were sent a text message reminder for their appointments 48 hours before their appointment. The practice felt this service reduced the amount of failed appointments and prompted patients to cancel their appointment if they could not attend. There was a list on the reception desk of patients who the practice could contact if there had been any cancelled appointments so that these could be filled up.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

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

We were told the practice had access to the RNID type talk system for patients who were hard of hearing. We were also told that several members of staff were multilingual. These languages included Portuguese, Spanish, Greek, Italian and Punjabi.

### Access to the service

The practice displayed its opening hours in the premises and in the practice's information leaflet. The opening hours are Monday to Friday from 8-45am to 5-15pm.

Patients told us they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area and in the practice's information leaflet.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. The practice managers were 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. If the patient was not satisfied with the result then there were details of other organisations to contact to deal with the complaint available and these were displayed in the complaints policy in the waiting room and in the practice's information leaflet. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy.

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

# Are services well-led?

## Our findings

### Governance arrangements

The practice managers were in charge of the day to day running of the service and the practice owner was the clinical lead. 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 approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire safety, slips trips and falls, the use of equipment and infection control.

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

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. We saw that topics discussed at staff meetings included infection control, clinical tips or advice, the CQC dental mythbusters and the GDC standards. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

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

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection control. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up by a repeat audit. We were told by the practice managers and practice owners that they were going to start conducting dentist appraisals where audit results would be discussed and plans put in place to make improvements where required.

Staff told us they had access to training both in-house and on-line. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

### 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 the NHS Friends and Family Test (FFT) and a comment box in the waiting room. The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The practice used to conduct an annual patient satisfaction survey, however patient feedback was that they were given too many surveys to complete so they decided just to conduct the FFT. The most recent results of the FFT showed that 91% of patients would recommend the practice to friends and family.