

# Harlow Dental Practice Limited Nuffield House Dental Practice

## Inspection Report

Nuffield House Dental Practice  
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### Overall summary

We carried out an announced comprehensive inspection on 9 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Nuffield House Dental Practice is situated within purpose adapted premises in Harlow, Essex. The practice has four treatment rooms and a combined waiting room and reception area. Decontamination takes place within a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice offers predominantly NHS and some private general and cosmetic dental treatments to adults and children.

The practice is registered with the Care Quality Commission (CQC) as an organisation. The principal dentist is the 'registered manager'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

# Summary of findings

In addition to the principal dentist, three associate dentists and six dental nurses work at the dental practice. The dental team are supported by two part time dental hygienists.

The practice is open and appointments are available from 9am to 5.30pm Mondays to Thursdays and between 8am and 4pm on Fridays.

We received feedback from 39 patients who completed CQC comment cards prior to our inspection visit. We also spoke with four patients during the inspection visit. Patients made positive comments about the quality of the dental care and treatment that they received. They also commented positively about the cleanliness of the premises, the friendliness and helpfulness of staff. Patients said that the dentists explained treatment plans to them in a way that they could easily understand. Patients told us that the dentists were kind and understanding particularly when treating anxious or nervous patients.

## **Our key findings were:**

- The practice had systems in place for investigating and learning from complaints, safety incidents and accidents. Staff were aware of their responsibilities to report incidents.
- The practice was visibly clean and clutter free. Infection control practices were reviewed and audited to test their effectiveness.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults. Staff had undertaken training and were aware of their roles and responsibilities in relation to this.
- Risks to the health, welfare and safety of patients and staff were regularly assessed and managed. These included risks in relation to fire, legionella and risks associated with premises and equipment.
- The practice reviewed and followed guidance in relation to dentistry.
- The practice had the recommended medicines and equipment for use in the event of a medical emergency and staff were trained in their use. Records were maintained in respect of the checks carried out for these medicines and equipment.
- Staff were recruited robustly, supported, supervised and undertook training in respect of their roles and responsibilities within the practice.
- Patients reported that they were treated with respect and that staff were polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- Effective governance arrangements were in place for the smooth running of the service.
- Audits and reviews were carried out to monitor and improve services. Learning from audits and reviews was shared with relevant staff and action plans were developed to secure improvements where these were identified.
- Patient's views were sought and these were used to make improvements to the service where these were identified.

# 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 provide safe care and treatment, and to assess and minimise risks. Audits and reviews were carried out to assess and monitor potential risks to patients and staff. Accidents, safety incidents and complaints were monitored and investigated. The results from these were shared with staff and learning acted upon to improve safety within the practice

The practice had procedures in place to safeguard children and vulnerable adults. Staff had access to these procedures and undertook role specific training in safeguarding and their responsibilities to keeping people safe. There was an appointed safeguarding lead identified to oversee and monitor the safeguarding procedures. Staff who we spoke with understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in place to minimise the risks to patients and staff. The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions. The practice had the recommended range of equipment and medicines for use in medical emergencies and staff undertook regular training updates in basic life support.

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

No action



### Are services effective?

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

The referred to and followed current relevant guidance in the assessment and treatment of patients. The dental care provided was monitored to ensure that it was evidence based and focussed on the needs of the patients.

Patient's medical history was obtained and reviewed to help the dentists identify any risks to patients. Oral assessments were carried out in line with current guidance and appropriate advice was provided to promote patients oral health. Dental care records were of good quality and showed that patients were recalled in line with national guidance, and were screened appropriately for gum disease and oral cancer.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Consent to care and treatment was sought in line with current relevant guidelines.

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

Staff had the skills, knowledge and experience to deliver effective care and treatment.

No action



# Summary of findings

## Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Staff had access to these procedures and were aware of their responsibilities in relation to these.

A private room was available should patients wish to speak confidentially with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

The practice had procedures to assist patients to be involved in making decisions about their dental care and treatment.

The patients who we spoke with and those who completed CQC surveys said that they were treated with respect and kindness by staff. They said that they were provided with sufficient information and were involved in making decisions about their dental care and treatment.

The practice had procedures to assist patients to be involved in making decisions about their dental care and treatment.

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 was open and appointments were available from 9am to 5.30pm Mondays to Thursdays and between 8am and 4pm on Fridays.

The practice had considered the needs of patients who may require additional support and had made reasonable adjustments to the premises to meet these needs.

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

Complaints were investigated and responded to in a timely way and patients were provided with an apology and an explanation as appropriate. Complaints and learning arising from the investigation of these were discussed during practice meetings to help improve patients' experiences.

No action



## Are services well-led?

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

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

The practice had systems in place to carry out regular audits to monitor areas including health and safety, fire safety, infection control and staff training and development. Regular audits were carried out to ensure that dental treatments were carried out in line with the relevant guidance and to make improvements as needed.

No action



# Summary of findings

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

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

# Nuffield House Dental Practice

## Detailed findings

### Background to this inspection

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

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

During the inspection we spoke with two dentists, two dental nurses, the receptionists and four patients. We reviewed the comments made by patients who we spoke with during the inspection and 39 patients who completed CQC comment cards.

We reviewed policies, procedures 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 policies and procedures in place to investigate, respond to and learn from significant events, accidents, incidents and complaints. The practice policies were regularly reviewed and were accessible to all staff. The dentists and staff who we spoke with were aware of the practice reporting procedures including reporting accidents and incidents and their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Records which we were shown demonstrated that all accidents, incidents and 'near misses' that occurred were investigated and reported on. The findings and any areas for improvement were shared and discussed with staff at regular practice meetings and action taken to help minimise recurrences. Staff who we spoke with were able to describe changes to practice, which had been implemented as a result of complaints or other incidents.

The dentists was aware of their responsibilities under the duty of candour and there was a policy in place in relation to this. This described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues. The dentists and staff who we spoke with were open and transparent when discussing complaints and safety incidents which had occurred at the practice,

The practice reviewed and acted on safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Staff were able to demonstrate that they had reviewed these alerts and taken appropriate actions. For example staff were able to tell us about the action they had taken following safety alerts in relation to manufacturer re-called batches of Glucagon and issues with certain types of Automated External Defibrillators (AED).

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

The practice had policies and procedures in place for safeguarding adults and children. These included contact

details for the local authority's safeguarding team, social services and other relevant agencies. Staff had access to the policies and undertook roles specific training. The dentists, dental nurses and reception staff who we spoke with were able to describe how they would act if they had concerns about the safety or welfare of patients. They were also aware of whom to report concerns to including reporting to external agencies if required.

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

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Discussions with the dentists and a review of records confirmed that they did followed this guidance and used rubber dams to minimise risks to patients when carrying out endodontic treatments.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff undertook regular training in basic life support. Staff who we spoke with were aware of their roles and responsibilities in relation to dealing with a range of medical emergencies.

The practice had the recommended range of equipment and medicines including oxygen for use in a medical emergency in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

The emergency equipment available included portable suction equipment, a range of airways and an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The emergency medicines and equipment were checked regularly to ensure that they were available, fit for use and in date should they be required.

### Staff recruitment

# Are services safe?

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, employment references, checking skills and qualifications and registration with relevant professional bodies. We reviewed the records for four members of staff employed at the practice and these showed that the practice recruitment procedures were followed and all of the appropriate checks were carried out including obtaining proof of identity and employment references. We saw that all relevant staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice had induction procedures to support new staff and to provide new employees with the opportunity to familiarise themselves with the practice policies and procedures.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These insurance policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

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

The practice had a range of policies and procedures to assess and monitor health and safety and risks associated with providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and regular safety risk assessments were carried out to identify and assess risks associated with the practice premises and equipment. Any issues arising from these assessments were acted upon promptly and shared with relevant staff. Staff undertook health and safety training and were aware of their responsibilities to report any concerns in relation to the premises and equipment.

There were procedures for preventing and dealing with fire and staff undertook fire safety awareness training. A detailed fire safety risk assessment was in place and this was reviewed each year. Fire safety equipment was regularly checked and fire evacuation drills were carried out.

The practice had detailed records in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records to include receiving COSHH updates and changes to health and safety regulations and guidance. Staff were able to tell us where they could access information about hazardous materials and their responsibilities when handling these.

## **Infection control**

There were arrangements in place to minimise the risk of infection. A range of infection control policies and procedures were in place. These were reviewed regularly and accessible to staff. All staff undertook regular role specific infection control training which included decontamination of dental instruments and hand hygiene. Staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Records showed that all relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

All areas of the practice were visibly clean, organised and uncluttered. There were systems in place for cleaning in the dental surgeries, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. Infection control audits were carried out every six months in line with the Infection Prevention Society (IPS) guidelines to test the effectiveness of the infection prevention and control procedures.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. One dental nurse demonstrated the procedure



# Are services safe?

for cleaning and sterilising dental instruments and this was in line with published guidance (HTM01-05). The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

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

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

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

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Regular legionella risk assessments were carried out. Other measures were in place including regular monitoring of hot and cold water temperatures, flushing and disinfection of waterlines and water sample analysis to help detect the likelihood of any contamination.

## **Equipment and medicines.**

The practice had systems in place checking and maintaining equipment. There was a programme for regular service and maintenance for all relevant equipment

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

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

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates.

## **Radiography (X-rays)**

There were arrangements in place to ensure that X-rays were carried out safely. The practice had a radiation safety policy in place and was registered with the Health and Safety Executive as required under Ionising Radiations Regulations 1999 (IRR99). The dentists and dental nurses undertook relevant training and were to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000). The principal dentist was the radiation protection supervisor to oversee practices and ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including a service and maintenance history. There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had systems in place to regularly check that X-rays were being carried out safely and in line with current guidance. Patient records we reviewed showed that X-rays were justified (reason for taking the X-ray), graded and the findings reported on. The practice had systems in place for carrying out regular audits to assess the quality of dental X-rays in accordance with the Faculty of General Dental Practice (FGDP) UK guidelines to help ensure that X-rays were appropriately justified and correctly graded to an acceptable standard. The results of these audits were

## Are services safe?

analysed and where areas for improvements were identified these were shared with the relevant dentists and development plans were implemented, reviewed and monitored to secure improvements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had a range of policies and procedures in place for assessing and treating patients. The dentists were familiar with, and referred current professional guidance for dentistry. The dentists and dental nurses at the practice were trained in various aspects of dentistry including antibiotic prescribing, restorative dentistry and early detection of oral cancers.

Patients attending the practice for consultation and treatment underwent an assessment of their dental health. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. Patients were asked to confirm any changes in their health at subsequent visits. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment.

We reviewed dental care records which demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Records included details of dental examinations covering the condition of the patient's teeth, gums and soft tissues. Assessments to identify the signs or risks of dental decay in patients were also routinely carried out. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies were monitored to ensure that they met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

### Health promotion & prevention

The dental practice provided a range of patient information in relation to the promotion of good oral health and preventing dental decay. A range of information leaflets were available within the reception and waiting areas.

The dentists told us that they provided discussed overall oral health and advice and information about risk factors

including diet and tobacco and alcohol consumption where relevant. Details of the advice and information provided to patients was recorded within their dental care records.

The dentists advised us they provided advice to patients in accordance with the Department of Health's guidance 'Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to the teeth of patients who had a higher risk of dental decay. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this.

### Staffing

Staff members undertook lead roles in various aspects of the running of the practice including health and safety, safeguarding and complaints management. All staff undertook a structured programme of training and development which was monitored through an annual appraisal. Records which were shown demonstrated that completed regular training updates in areas such as safeguarding, infection control, fire safety, information governance and basic life support.

Staff had personal development plans which included their individual learning and development needs and planned support and training to meet these.

The dentists and dental nurses working at the practice were currently registered with their professional body and there were arrangements in place to ensure that clinical staff were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. .

Staff who we spoke with told us that they received the support and training to help them fulfil their roles and responsibilities.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as conscious sedation or oral surgery.

# Are services effective?

(for example, treatment is effective)

There were arrangements for urgent referrals when for example there were signs of suspected oral cancer. The practice had systems in place to regularly monitor its referrals process to ensure that these were made in a timely way and followed up appropriately.

## **Consent to care and treatment**

The practice had policies and procedures in place for obtaining patients consent. Patients were provided with information to enable them to understand and consent to their dental care and treatment. The dental records which we were shown included details of discussions between the dentist and patient in respect of the proposed treatment. Records also included detailed information

about treatment options, intended benefits and potential risks. The treatment plans were agreed patients consent was obtained before the treatment commenced. Staff were aware that consent could be removed at any time.

Patients who we spoke with told us that they were provided with enough information to make decisions about their dental care and treatment. They told us that their consent was obtained before their dental treatment started.

The dentists were aware of and referred to the Mental Capacity Act (MCA) 2005 and all staff had undertaken training in respect how this act relates to dentistry. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Staff who we spoke with were able to demonstrate that they were aware of and adhered to the practice MCA procedures.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Staff who we spoke with were able to demonstrate that they were aware of and followed these procedures. If a patient needed to speak to confidentially they would speak to them in a private room. All discussions held in relation to treatment were carried out within the dental surgeries.

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

The results from the practice patient satisfaction survey and the comments made by the 39 patients who completed CQC comment cards indicated that patients were treated with compassion, dignity and respect.

We spoke with four patients and they told us that staff were caring and helpful. They said that they were treated with respect and kindness by dentists and other staff.

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

The practice provided patients with a range of information to help them understand and be involved in making decisions about their care and treatment. Patients who we spoke with told us that their treatments were explained to them in a way that they could understand and that they were given time to consider treatment options before making any decisions.

Patients who completed the practice patient satisfaction survey and those who completed CQC comment cards indicated that they were involved in making decisions about their dental care and treatment.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the waiting area, on the practice website and in the patient leaflet described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure.

The practice was open and appointments were available from 9m to 5.30pm Mondays to Thursdays and between 8am and 4pm on Fridays.

### 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 who may require extra support. Staff understood these policies and they told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice had considered the needs of their patients and Had made reasonable adjustments to the premises to meet these needs.

The dental practice was located in purpose adapted property . The dental surgeries were located on the ground floor and there was step-free access to the premises. The practice had sufficient space to accommodate patients who used wheelchairs and adapted toilet facilities were provided.

Staff told us that they had access a translation service for patients whose first language was not English should this be required. Information was available in large print where required,

### Access to the service

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to NHS 111 telephone number to access out of hour's emergency advice or treatment.

Staff and patients told us that appointments usually ran to time. Patients who we spoke with told us that they were happy with the practice opening times and access to routine and emergency appointments. They told us that they could usually access same day appointments for emergency treatment and they were aware of the arrangements for accessing urgent dental treatment when the practice was closed.

### Concerns & complaints

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

Information which described how patients could raise complaints was displayed in the waiting area and in the practice patient leaflet. Patients who we spoke with told us that they knew how to complain or raise any concerns they may have.

The practice had systems for investigating and responding to complaints. Through discussions with dentists and a review of records we saw that complaints were fully investigated and responded to with an explanation of what went wrong and an apology where appropriate. Complaints and the outcome from complaint investigations were discussed with staff during practice meetings to help improve patients' experience.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a range of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy. The policies and procedures were detailed, practice specific and kept under review to ensure that they reflected the day to day running of the practice. There were systems in place to ensure that these were followed consistently and dedicated staff took lead roles in areas including complaints managements and safety management.

The practice had systems to carry out audits of various aspects of the service such as dental records and X-ray audits in accordance with current guidelines. We saw that the results from these audits were shared with relevant staff and areas for improvement were identified and actions plans were developed to improve the service where needed.

There were clear systems for reporting accidents, incidents and complaints and learning from when things went wrong was shared with staff and used to make improvements to the service where needed.

There were a number of systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, equipment, fire safety, X-rays and X-ray equipment, infection control and legionella were regularly assessed and the findings shared and acted upon.

### Leadership, openness and transparency

There was clear leadership and oversight at the practice. Staff who we spoke with were very clear about their roles and responsibilities. They told us that they could always seek advice and guidance if needed and that they could raise comments and suggestions which were received and considered in a positive way.

Information was communicated and shared in an open and transparent way. Accidents, incidents and complaints were discussed during practice meetings and staff were involved in suggesting how these could be minimised.

The dentists could demonstrate that they understood and discharged their responsibilities to comply with the duty of candour and they told when there was an incident or accident that affected a patient the practice acted appropriately and offered an apology and an explanation. All staff who we spoke with said that they could raise concerns or any other matters and that these would be received and addressed in an open and transparent manner.

### Learning and improvement

The practice had a structured plan in place to audit quality and safety. Relevant information was shared with staff during daily communications and regular practice meetings.

We saw that the results of audits were used to address areas where improvements were identified and that this was done in a structured way through action plans and personal development plans.

The practice had systems in place for staff to undertake an annual appraisal of their performance and other periodic reviews to help ensure that staff were supported. There were systems in place to ensure that staff undertook regular training updates in areas relevant to their roles and responsibilities.

Learning from accidents, incidents and complaints was shared, acted upon and reviewed to secure improvements where needed.

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

The practice had effective systems for acting on patient and staff feedback. Patients' views and feedback was sought by way of a regular and ongoing satisfaction questionnaire. The results from these questionnaires were analysed and shared with staff to highlight good practice and any areas for improvement.

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