

Miss Julie Maria Dobbs

# J M Dobbs - Wells Street

## Inspection Report

29 Wells Street  
Scunthorpe  
Lincolnshire  
DN15 6HL  
Tel: 01724 843177  
Website:

Date of inspection visit: 12 April 2016  
Date of publication: 24/05/2016

### Overall summary

We carried out an announced comprehensive inspection on 12 April 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**

J M Dobbs - Wells Street is situated in Scunthorpe, North Lincolnshire. 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.

The practice has two surgeries, a decontamination room, a waiting area and a reception area. The reception area, waiting area and one surgery are on the ground floor. The other surgery is on the first floor.

There was one dentist, three dental nurses who also cover reception duties and a practice manager.

The opening hours are Monday to Friday from 9-30am to 5-30pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we received feedback from 49 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were friendly and welcoming. Patients also commented that the service was first class, the procedures were well explained and that the premises was always clean.

# Summary of findings

## Our key findings were:

- The practice appeared clean and hygienic.
- The practice had systems in place to assess and manage risks to patients and staff including infection control, fire and health and safety.
- Staff were qualified and had received training appropriate to their roles.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- 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.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including risks and benefits.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
- Review the practice's procedure for the checking of the emergency oxygen cylinder.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking of an X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the training, learning and development needs of individual staff members.
- Review its audit protocols to ensure that improvements can be demonstrated as part of the audit process.

# 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).

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 and trained for their roles.

Patients' medical histories were obtained before any treatment took place. The dentist was 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; however, some emergency equipment was missing or could not be located on the day of inspection.

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.

### **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 provided treatment when appropriate.

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 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 49 patients. Patients commented that staff were friendly and welcoming. Patients also commented that they felt listened to and were well informed of treatments.

The staff had a good long term relationship with their patients and this was obvious when observing interactions with 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.

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

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

# Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

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 limited mobility as there was step free access to the building and a ground floor surgery was available.

## **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.

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

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, we saw that there was limited evidence of improvements in the dental care record audit that improvements had been made.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

# J M Dobbs - Wells Street

## 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 had access to remote advice from a specialist advisor.

We informed local NHS England area team and 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 49 patients. We also spoke with the dentist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had guidance for staff about how to report incidents and accidents. Staff were able to describe the process for reporting of events and the relevant documentation which needed to be completed. There had not been any significant events in the previous 12 months. We saw historically that significant events were well documented and also discussed at staff meetings. We saw that as a result of significant events that in house training was conducted to prevent the event from occurring again.

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. These were actioned if necessary and stored in the Control of Substances Hazardous to Health (COSHH) folder.

### 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 both child protection and adult safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe sharps system and guidelines about responding to a sharps injury (needles and sharp instruments).

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 not routinely used in root canal treatment in line with guidance from the British Endodontic Society. We discussed this and were told that a protocol for

securing endodontic files would be implemented to prevent inhalation of endodontic files. We saw evidence after the inspection that a parachute chain had been ordered to secure root canal instruments.

We saw that patients' clinical records were locked away in secure cabinets at all times to ensure their safe storage. The filing cabinets used were fire proof to prevent damage to clinical records in the event of a fire.

### 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 a spare room on the first floor. Staff knew where the emergency kits were kept. The emergency resuscitation kit did not have some sizes of oropharyngeal airways or a self inflating bag (Ambu bag). We saw the day after the inspection that these were ordered for the resuscitation kit. Also, on the day of inspection staff could not locate the portable suction unit. We were told after the inspection that this was available but was not stored in the same cupboard as the other kit. We advised that all emergency resuscitation kit should be kept in the same cupboard to ensure it is readily available in the event of a medical emergency.

The practice did not have an Automated External Defibrillator (AED) (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). However, we saw that the practice had risk assessed this as there was an ambulance station two minutes away. We felt that this risk assessment was adequate; however, the practice should in the future consider acquiring their own AED to ensure patients with a cardiac arrhythmia are treated quickly.

Records showed monthly checks were carried out on the emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full and the emergency medicines were in date. However, the checks

# Are services safe?

on the oxygen cylinder and the AED should be completed on a weekly basis. This was brought to the attention of the practice manager and we were assured that this would be done.

## **Staff recruitment**

The practice had a policy and a set of procedures for the safe recruitment of staff which included an interview, seeking references, proof of identity, checking relevant qualifications and professional registration. All of the staff had been in place for between 13 and 29 years so this recruitment process could not be demonstrated. We were told that if new staff were to be recruited then this process would be followed.

The practice manager told us they would carry out Disclosure and Barring Service (DBS) checks for any 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. All staff at the practice had DBS checks carried out.

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. We saw evidence that the porch entrance had been assessed as being a potential slip risk in wet weather as the non-slip surface had begun to wear out. The practice had arranged for this area to be resurfaced to reduce the risk of patients or staff slipping.

There were policies and procedures in place to manage risks at the practice. These included the use of equipment, fire and risks associated with Hepatitis B. We saw that practice conducted bi-annual fire drills and also checked the smoke alarms on a weekly basis. They also kept a whiteboard in the reception area showing which members of staff or visitors were on the premises so in the event of a fire staff were fully aware of who was on the premises.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The practice manager had also completed summary sheets for each substance used in the practice which could be used as quick reference if required.

## **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)'.

Staff had received training in infection prevention and control and hand hygiene. 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 rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and staff signed a log book to confirm this had been done. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had



# Are services safe?

been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

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 used a washer disinfectant to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave. Sterile instruments were then appropriately bagged and dated with a use by date. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

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 been carrying out an Infection Prevention Society (IPS) self- assessment audit every six months 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.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). 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, monitoring cold and hot water temperatures each month, the use of a water conditioning agent in the water lines and flushing infrequently used taps.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray set, the autoclave and the washer disinfectant. We saw that a new compressor had been recently installed as the old one had become faulty. The

appropriate pressure vessel certification had been obtained for this. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. Portable appliance testing (PAT) had been completed in March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

The practice dispensed antibiotics to patients who required them. These were stored in a locked cupboard in a spare room on the first floor. A log was kept of the antibiotics to ensure there was adequate stock and they were in date. The NHS prescription pad was also locked in this cupboard at all times.

## 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 and serviced. 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 the surgery and within the radiation protection folder for staff to reference if needed. We saw that a grade and a report was documented in the dental care records for all X-rays which had been taken. We noted that a justification for an X-ray was not always documented in the dental care records for all exposures. We discussed this with the practice owner and we were told that a justification would be documented for all exposures from now on.

The practice used an automated X-ray developing machine. We saw that the practice carried out monthly quality assurance tests on this machine to ensure the quality of the developed X-rays was adequate. X-ray developing fluids were regularly changed to ensure X-rays which were developed were of optimum quality. These measures reduce the likelihood of having to retake X-rays due to developing issues.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist 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 disease such as decay, gum disease or cancer.

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 the last appointment. Medical history checks were updated by each patient every time they attended for treatment. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. The dentist was also very aware of using clinical assessment as a reason for taking X-rays and was aware the X-rays should not be taken routinely.

### Health promotion & prevention

Staff were aware of the importance of 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 dentist applied fluoride varnish to children who attended for an

examination and also provided dietary advice to patients at high risk of dental decay. The practice conducted fluoride varnish audits to check that fluoride varnish was applied to children at the correct intervals.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice where appropriate. Patients who smoked were also advised to contact their GP for extra help with stopping smoking. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

The practice had a process for the induction of new members of staff. However, this had not been needed as all members of staff had been working at the practice for at least 13 years. The induction process included getting the new member of staff aware of the location of emergency medicines, arrangements for fire evacuation procedures, health and safety arrangements and the decontamination procedures.

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

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The dentist 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

# Are services effective?

(for example, treatment is effective)

relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records. The practice kept a log of all referrals which had been sent.

The practice had a procedure for the referral of a suspected malignancy. This involved making an urgent referral by telephone to the local oral and maxillofacial department to be put on the two week wait list.

## **Consent to care and treatment**

Patients were given appropriate information to support them to make decisions about the treatment they received. This involved providing patients with information leaflets about particular procedures. 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. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff ensured patients gave their consent before treatment began and a form was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. We saw evidence that the practice provided patients with forms which outlined the risks, benefits and other options of different treatments including crowns, bridges and immediate dentures.

# Are services caring?

## Our findings

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

Feedback from patients was all positive and they commented that they were treated with care, respect and dignity by staff. Staff told us that 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. Staff told us that they had a good long term relationship with patients and many had been coming for over 20 years.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The layout of the reception area and waiting area was conducive for confidentiality as they were in two separate rooms. Dental care records were not visible to the public on the reception desk. Dental care records were securely stored in locked cabinets when not needed. We observed

staff to be helpful, discreet and respectful to patients. Staff were aware that no personal details should be discussed at the reception desk to ensure the dignity of patients. They also told us that if a patient wished to speak in private, an empty room would be found to speak with them

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. For example, the dentist told us that they would give patients information leaflets about different treatments including root canal treatment, crowns, bridges or dentures.

Patients were also informed of the range of treatments including the associated costs available on notices in the waiting 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 the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day.

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. The practice was accessible for patients with mobility difficulties. These included step free access to the premises and a ground floor toilet. However, the toilet would not be large enough for a patient in a wheelchair. If this was ever an issue then patients could be referred to the local community dental clinic. The ground floor surgery was large enough to accommodate a wheelchair or a pram. We were told that the ground floor surgery was used for those patients who could not manage the stairs.

### Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 9-30am to 5-30pm.

Patients told us that 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. Where treatment was urgent patients would be seen the

same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the local out of hours dental service. Information about the out of hours emergency dental service was displayed in the waiting area, on the telephone answering machine and in the practice information leaflet.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. This was in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. The practice owner was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice owner to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. The practice had not received any complaints in the last 12 months but we saw historically that they had been dealt with in line with the practice's policy. The practice kept a log of all complaint which had been received including relevant correspondence.

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 owner and practice manager were responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

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

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. During these staff meetings topics such as training, significant events, complaints and practice specific issues were discussed. We were also told that staff would talk during their lunch hours about any issues which were relevant to the practice.

All staff were aware of whom to raise any issue with and told us that the practice owner was approachable, would listen to their concerns and act appropriately. We were told that 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 medical histories, X-rays, fluoride varnish application, antibiotic prescribing, appointment waiting time and infection control. We looked at the audits and saw that the practice was generally performing well. However, when we looked at the dental care record audit it did not show any improvements which had been made over the previous years. For example, the same issues with dental care records had been identified for the previous cycles of the audit. This was brought to the attention of the practice manager and we were told that this would be discussed with the practice owner to ensure improvements can be demonstrated as a result of an audit.

Staff told us they had access to training and this was monitored to ensure essential 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.

Staff did not have appraisals but we were told that staff would feel confident to approach the practice owner if they felt that further training was needed or if they wished to attend further training. We also saw evidence that where improvements had been required then these would be discussed at practice meetings and the appropriate training would be implemented.

### 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. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. We were told that as a result of feedback from patients that the satisfaction survey had been shortened. This was because the previous satisfaction survey had been several pages long and patients felt that it was too much. As a result a shortened more targeted survey had been devised.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services

## Are services well-led?

should have the opportunity to provide feedback on their experience. The latest results showed that 99% of patients asked said that they would recommend the practice to friends and family.