

Dr Aman S Bharti

# 57 Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 13 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**

57 Dental Care is situated in a converted two story house, located in Cleckheaton in the Metropolitan borough of Kirklees, in West Yorkshire. It provides private and NHS treatment to patients of all ages. There are four treatment rooms, a waiting and reception area, a second waiting area on the first floor, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office. There is also a disused annex attached to the building which was previously the original dental practice.

Access for wheelchair users or pushchairs is possible from a step free entrance which leads into the reception and waiting area. Car parking is available nearby.

The dental team is comprised of six dentists (one of which is the principal and foundation training dentist and two are foundation dentists), four dental nurses, two trainee dental nurses, two receptionists and a practice manager.

The practice is open:

Monday to Thursday 8:00am – 5:00pm.

Friday 8:00am – 5:00pm.

Saturday by appointment only.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person.

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection we received 31 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, reassuring and helpful, the staff were good at communicating information and it was a happy environment. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

## Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and uncluttered.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

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

- Review the frequency of checking emergency drugs and expiry dates, ensure all ancillary equipment is in date and available should emergency treatment be needed to comply with Resuscitation Council UK guidelines.
- Review the practice's arrangements for recording patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the current legionella risk assessment and implement the required actions giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the fire safety management process to include regular practice fire drills.
- Review the equipment testing procedures ensuring daily automatic control tests are carried out on the sterilisers to bring in line with recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.
- Review current X-ray audit procedures to bring in line with the National Radiological Protection Board (NRPB) guidance.

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

We found there was no process in place to document action taken upon receipt of Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Emergency medicines were checked monthly rather than weekly and not recorded. Some emergency ancillary apparatus was out of date and had some items missing.

We noted that temperature monitoring was not carried out on the medicine fridge.

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 patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

We saw an effective decontamination process but records showed that daily automatic control tests were not being carried out on the autoclaves.

We reviewed the legionella risk assessment June 2016. There was no evidence of water dip slide testing being carried out in accordance with the assessment.

We saw comprehensive COSHH and risk assessments for all materials and relevant safety data sheets were present.

A fire safety management assessment was in place which identified that regular fire drills had not been carried.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed.

Intra-oral X-ray audits were carried out by the practice bi-annually, analysed for learning and improvement but were not clinician specific. The audit and the results were not in line with the National Radiological Protection Board (NRPB) guidance.

No action



### Are services effective?

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

No action



# Summary of findings

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

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

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

## Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 31 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

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

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

No action



## Are services responsive to people's needs?

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

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

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

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

The practice's website provided patients with information about the range of treatments which were available at the practice. This included dental implants, tooth cleaning, treatments for gum disease, cosmetic dental treatments and dental care for children.

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

No action



## Are services well-led?

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

No action



# Summary of findings

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The principal dentist and practice manager 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.

The practice conducted patient satisfaction surveys; there was also a comments box in the waiting rooms for patients to make suggestions to the practice.

The practice had a lone working policy and risk assessment in place to reduce this risk of any incidents occurring.

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

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

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## Detailed findings

### Background to this inspection

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

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

During the inspection we spoke with two dentists, two dental nurses, one receptionist, 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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

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

The practice manager told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were retained for future reference and discussed with staff, but were not documented with action taken.

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

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

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

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment. A safe sharps system had been implemented for use in each surgery. This risk assessment was updated annually to ensure any new updates or equipment was added.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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

### Medical emergencies

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

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

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

Monthly checks were carried out on the emergency medicines but this was not documented. Records showed the medical oxygen cylinder and the AED were checked daily. These checks ensured the oxygen cylinder was sufficiently full and in good working order and the AED was charged. We saw that the oxygen cylinder was serviced on an annual basis.

On the day of the inspection we found the Glucagon was stored in the fridge but the daily temperature of the fridge was not monitored. We found several face masks and related apparatus to be out of date and the self-inflating



# Are services safe?

bag had a joint missing. These items were re-ordered on the day of the inspection and we were assured a process would be put in place to monitor the temperature of the medicine fridge.

## Staff recruitment

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

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed a sample of recruitment files and these showed that all checks were in place.

All 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

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

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

A fire risk assessment was completed for the premises in June 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were

regularly serviced. There was no evidence that a fire drill had been undertaken this year. This was brought to the attention of the practice manager who told us that an evacuation drill was planned for following month.

## Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw that most of the daily and weekly tests were being carried out by the dental nurses to ensure the autoclaves were in working order. Records showed that the automatic control test was not being carried out, the decontamination lead and principal dentist agreed to implement a new procedure to ensure this complies with manufacturer's instructions.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in December 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

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

Records showed the practice had completed a Legionella risk assessment in June 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the



# Are services safe?

treatment rooms at the beginning and end of each session and between patients and the use of purified water. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Water testing using dip slides was not being carried out as recommended in the risk assessment. We saw that equipment had been purchased and implementation of this process was due to start quarterly.

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

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the guidance from HTM 01-05. The cleaning COSHH materials were not accessible to the public.

## Equipment and medicines

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

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

Local anaesthetics were stored appropriately.

We noted that dental equipment in the Annex building was unserviceable and decommissioned. The principal dentist told us the Annex required refurbishment and all items contained within would be relocated or disposed of without delay.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed. One treatment room could be accessed through three separate doors; the local rules did not reflect this and measures should be taken to prevent inadvertent access whilst taking an X-ray. This was discussed with the principal dentist who agreed to access this and to take remedial action. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice bi-annually, analysed for learning and improvement but were not clinician specific. The audit and the results were not in line with the National Radiological Protection Board (NRPB) guidance.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

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

It was evident the skill mix within the practice was effective and contributed to improving the overall outcome for patients. The practice utilised dental nurses with extended duties qualifications and communication throughout the practice was effective.

### Health promotion & prevention

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

and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us and records confirmed that the dentists tailored oral hygiene advice and treatments to individual patient needs.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

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

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

### Working with other services

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

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

# Are services effective?

(for example, treatment is effective)

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

## **Consent to care and treatment**

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The layout of the ground floor waiting area was not conducive to maintaining confidentiality as conversations at the reception desk could be overheard by those in the waiting area. Staff told us that personal details were not discussed at the reception desk and a separate room would be used if a patient wished to speak privately.

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

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy

Music was played in the waiting area and a selection of magazines for patients to use and leaflets to take home were readily available. We saw appropriate certification from the Information Commissioning Office and Phonographic Performance Limited.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice. This included dental implants, tooth cleaning, treatments for gum disease, cosmetic dental treatments and dental care for children.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice had a disability access audit carried out in June 2016. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs.

The practice had a ground floor accessible toilet, an access ramp into the practice and self-closing doors.

### Access to the service

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us

patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

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

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

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We 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.

The practice had received no complaints in the last 12 months. We reviewed the complaints from 2015 and saw they had been responded to in line with the practice's policy. This included discussing the complaints during staff meeting to learn from and prevent future complaints.

# Are services well-led?

## Our findings

### Governance arrangements

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

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

The practice had a lone working policy and risk assessment in place to reduce this risk of any incidents occurring.

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

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly dental nurse meetings and six-weekly staff meetings involving all staff members. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

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

### Learning and improvement

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

We saw the practice had made improvements to the pathway and entrance as a direct result of a previous incident.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

### 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 and a comment card in the waiting rooms. The satisfaction survey included questions about the patients' overall satisfaction and any comments for improvement. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

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