Phoenix Dental Limited

Mydentist - Victoria Street - Staple Hill

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 March 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

Mydentist is a Europe-wide dental care provider with a practice located on Victoria Street, in the Staple Hill district of Bristol. There is free parking on the nearby roads, and disabled parking bays provided in a courtyard to the rear of the practice. The practice provides mostly NHS dental treatment, to adults and children. It also provides a number of additional private treatments such as cosmetic crowns.

The practice employs three dentists, but currently no hygienists. The dentists are supported by three dental nurses, a practice manager who is also a qualified dental nurse, one trainee dental nurse, and two full-time receptionists. Following patient feedback, the practice changed its opening hours to better suit their needs. The practice is now open from Monday to Friday between 8:30am and 6.30pm; with extended opening on Tuesday until 7:00pm. 20-minute emergency appointments are available daily with each dentist at 11:00am and 3:00pm for the surgery's own patients; and outside of normal hours via the 111 service.

The practice has rented the Victorian-era building since 2012. The premises consists of three dental treatment rooms, two on the ground floor, the other on the first

Summary of findings

floor; a staff room, patient waiting areas on both the first and ground floors; a decontamination room, and a staff room. Disabled access is to the rear of the building, and there is a ramp that spans the length of the garden, leading to the back door.

The practice manager is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we spoke with three patients who used the service and reviewed 20 completed CQC comment cards. The patients were very positive about the care and treatment they received at the practice. Comments included that staff were helpful and thorough; and that the standard of dental care was excellent. They also commented that the practice was safe and hygienic, and that their concerns were listened to and addressed.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- PPatients' care and treatment was planned and delivered in line with evidence-based guidelines, current practice and current legislation. We saw patients' dental care records that provided an accurate, thorough and up-to-date record of care.
- Infection control and decontamination procedures were robust.
- Patients received their care and treatment from well-trained and supported staff, who received regular appraisal and observation of their performance. Staff enjoyed their work citing good team relations, support and training as the main reasons.
- The practice sought suggestions from staff and patients and acted on these to improve the services it provided. However, feedback was not made available to patients to inform them of this.
- PPatients received clear and detailed advice about the costs, benefits and risks of their proposed treatment options; and were involved in making decisions about their care.
- TThere were effective systems in place for treatment documentation.
- SStaff had received safeguarding training and knew the processes to follow to raise any concerns regarding adults and children.
- TThe appointments system met patients' needs.

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

- Review and update the identification of zones in the decontamination room to ensure that there is clear and unambiguous signage. This is consistent with section 2(5) of the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the cleaning schedule so that the premises are cleaned more regularly, thereby giving due regard to the general hygiene guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the mechanism for patient feedback, to ensure that information about improvements is relayed to the patients. This is consistent with the Public Sector Equality Duty of the Equality Act (2010), and the requirement to publish feedback.

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.

There was a robust system in place for reporting and recording of incidents, and learning from them was shared widely. Risks had been identified and control measures put in place to reduce them. Safeguarding patients was given priority within the practice and staff responded swiftly to concerns. Infection prevention and control was good, and medicines were managed well. Records showed that the equipment was in good working order and was effectively maintained.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to. Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety. Patients' medical histories were obtained before any treatment took place. The dentists were aware of health or medication issues which could affect the planning of treatment. Staff were trained to deal with a range of medical emergencies, and regularly rehearsed scenarios to keep their skills up-to-date. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence-based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately. Good information was available to support patients' oral hygiene.

Staff had the skills, knowledge and experience to deliver effective care and treatment and clinical audits were completed to ensure patients received effective and safe care. The practice followed current 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). Although the practice focused on prevention of tooth decay with regards to fluoride application and oral hygiene advice, the 'Delivering Better Oral Health' (DBOH) toolkit was not readily available to staff.

Staff had received training about the Mental Capacity Act and had a good understanding of how it affected their work with patients.

Are services caring?

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

Patients spoke very highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially.

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

Appointments were easy to book and appointment slots for urgent appointments were available each day for patients experiencing dental pain. There was an easily understood, well publicised and accessible complaints procedure to enable patients to raise their concerns. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Are services well-led?

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

The management of the practice was focused on achieving high standards of excellence and improving outcomes for patients. Patients' rights, health and best interests were safeguarded by good policies and procedures which were consistently implemented and reviewed. Record keeping was good, particularly with regards to clinical records. There was a clear and effective leadership structure and staff were well supported in their work. The practice pro-actively sought feedback from its patients and staff which it acted on when the need arose. However, the changes implemented following this feedback were not communicated to patients. The practice conducted patient satisfaction surveys and undertook the NHS Friends and Family Test (FFT).

Mydentist - Victoria Street - Staple Hill

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 took place on 31 March 2016 and was led by a CQC inspector who was supported by a specialist dental advisor. We informed the 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 spoke with a dentist, two dental nurses, the practice manager and the receptionists. We reviewed feedback about the quality of the service from the practice's own survey, completed by 86 patients, and CQC comment cards, completed by 20 patients. We reviewed policies, procedures and other documents relating to the management of the service. 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.<Summary here>

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from serious incidents, accidents and complaints. Staff we spoke with had a clear understating of RIDDOR requirements and of the practice's own reporting procedures. Incident recording forms were available to download on the practice's computer systems, and as paper copies in the main office. Any accidents or incidents would be reported to the practice manager, and discussed at staff meetings in order to disseminate learning. The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

We viewed records in relation to a recent incident and noted that it had been recorded in detail, along with the action taken in response by staff. The practice manager signed off the incident to ensure it had been managed effectively**.** One incident described where a nurse caught her arm on a contaminated bur – a bur is a bit used on a dental drill – which led to bleeding in the affected area. An occupational health assessment was followed by a health management referral. This was discussed to ensure that learning was shared from the event. We reviewed the minutes from the following staff meeting and confirmed that this event was placed on the agenda and discussed.

Reliable safety systems and processes (including safeguarding)

Effective arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Contact numbers for the agencies involved in protecting people were clearly on display in the main office and staff room, making them easily accessible.

The practice made clear in its patient information leaflet that it would report any safeguarding concerns to the appropriate authority.

Safeguarding training took place each year for all staff, and was an agenda item at the monthly practice meetings. All staff at the practice had the required level 2 safeguarding training. Staff understood their responsibilities in relation to safeguarding, and were aware of the different types of abuse a vulnerable adult could face. Staff were aware of external agencies involved in protecting children and adults and the practice manager knew of the social services timescales for responding to safeguarding referrals.

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. The dentist we spoke with confirmed that they used rubber dams as far as practically possible. We found that elements of the rubber dam kits and hand pieces were stored in individual pouches, reflecting the changes in the 2013 edition of HTM 01 05.

We saw that patients' clinical records were computerised, and password protected. Any paper documentation relating to dental care records was securely stored in locked cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies, in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Records showed that all staff had received regular training in basic life support. Emergency equipment, including oxygen and an Automated External Defibrillator (AED) was available. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Records confirmed that it was checked daily by staff.

Emergency medical simulations were regularly rehearsed by staff at the practice's monthly meetings so that they were clear about what to do in the event of an incident. For example, at the January 2016 meeting, staff practiced responding to a suspected heart attack.

Are services safe?

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked daily to ensure they were within date for safe use.

Staff recruitment

We reviewed the staff recruitment files and found that all appropriate checks had been undertaken for staff prior to their employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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. Interview notes were retained and a scoring system was used to ensure consistency and fairness when recruiting potential staff. All qualified clinical staff at this practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and Personal Indemnity Insurance (PII) available. Professionals are required to have PII in place to cover their working practice.

All staff underwent an induction when they started working at the practice to ensure they had the knowledge and skills for their role. One member of staff told us their recruitment had been thorough and the training, induction and support they had received so far had enabled them to perform their role.

Monitoring health & safety and responding to risks

We looked at a sample of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These covered a wide range of areas including sharps management, fire safety and dental materials. Risks had been clearly identified and control measures put in place to reduce them. A legionella risk assessment had been carried out and there was regular monitoring of water temperatures to ensure they were at the correct level. Regular flushing of the water lines was carried out in accordance with current guidelines, at the start and end of each day, and between patients to reduce the risk of legionella bacteria forming. The practice manager conducted a daily (and recorded) walk around the practice to check on fire. safety. In addition to this, she also conducted monthly walks around the practice to check on a range of health and safety matters.

We noted that there was good signage throughout the premises clearly indicating the fire exit, the location of emergency medical equipment, and X-ray warning signs.

We viewed evidence in relation to health and safety including hazardous waste, electrical installation and portable appliance testing which showed that the practice maintained a safe environment for staff and patients. There was a comprehensive file relating to the Control of Substances Hazardous to Health (COSHH, 2002) regulations in place, containing chemical safety data sheets for products used within the practice.

The practice had a comprehensive business continuity plan in place for incidents such as power failure or building damage. This was kept on site to ensure it could be accessed in an emergency.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice manager was the lead for infection control, and 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)'.

Most areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and treatment rooms. Toilets were clean and contained liquid soap and electronic hand dryers. We checked all surfaces including walls, floors and cupboard doors. These were free from dust and visible dirt, apart from the flooring in the downstairs waiting room, on the stairs and in the staff room, which showed visible dirt stains. The rooms had sealed flooring and modern sealed work surfaces so they could be easily cleaned. There were foot-operated bins and personal protective equipment available to staff to reduce the risk of cross infection. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely in a secure area at the back of the practice prior to removal. Cleaning materials were stored safely, with a separate locker for each type of colour-coded equipment, to ensure there was no cross-contamination.

All staff had received detailed training in infection prevention and control, and had been immunised against Hepatitis B. Staff uniforms were generally clean, long hair

Are services safe?

was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. Staff wore appropriate personal protective equipment when treating patients including visors, masks and gloves. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05) - Decontamination in primary care dental practices. However, the room was cluttered, and the dirty and clean zones were identified by images that were only partially visible. We were informed that this coding had led to some confusion with a locum dental nurse.

We observed a trainee dental nurse as she correctly disinfected all areas where there had been patient contact following their consultation. The Dental instruments were cleaned and sterilised in line with this published guidance. On the day of our inspection, the dental nurse demonstrated the complete cycle of decontamination, and used the recommended procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. The practice used special boxes with locked lids to transport contaminated instruments to the sterilisation suite.

Records showed a risk assessment process for Legionella had been carried out in January 2016 (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, the use of a water-conditioning agent and also quarterly tests on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Portable Appliance Testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Staff told us they had suitable equipment to enable them to carry out their work. Equipment we viewed was in good condition and fit for purpose.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. We checked a small sample of anaesthetics kept in treatment rooms and the stock room and found they were in date and safe for use. The hygienists had appropriate patient group directions in place to allow them to administer local anaesthetics. Staff were aware of MHRA alerts and of the yellow card scheme to report any adverse medication reactions.

Blank prescription forms were stored securely, logged and tracked through the practice in line with national guidance to prevent their misuse.

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 and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and only by qualified staff. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were displayed in each treatment room. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-ray findings and grade. This protected patients who required X-rays as part of their treatment.

The dentists carried out regular audits of the quality of their X-rays which were then checked by the practice manager to ensure consistency. 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

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Dental care records we viewed contained a comprehensive written patient medical history which was updated on every examination. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to the patient. Our discussions with the dentist and nurses showed that that they were aware of, and worked to, guidelines from the National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about current practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. Appropriate action had been taken for patients with serious gum disease.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, and the quality of dental radiographs

Health promotion & prevention

There were leaflets in the waiting room, giving patients information on a range of dental health topics including mouth cancer, tooth sensitivity and smoking cessation. A number of oral health care products were available for sale to patients including interdental brushes, toothpaste and floss. Free samples of toothpaste were available at the reception desk for patients to take.

Patients were asked about their smoking and alcohol consumption as part of their medical history, and during their consultations. However, guidance issued in the Department of Health's publication – 'Delivering better oral health: an evidence-based toolkit for prevention' – was not available for staff to access. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

There was a stable and established staff team at the practice. Staff told us that there was always a sufficient complement to maintain the smooth running of the practice, and that the dentists never undertook any work without the presence of a dental nurse.

Files we viewed demonstrated that staff were appropriately qualified, trained and where required, had current professional validation. We viewed the practice's training logs which showed that staff had undertaken a range of training including infection control, safeguarding, oral screening, communication, complaints' handling and information governance.

All staff received an annual appraisal of their performance. We viewed a number of appraisals which were comprehensive and staff performance was assessed in relation to their clinical knowledge, time management, communication skills and team work. Staff told us they found these appraisals useful. The practice manager also undertook direct observations of staff's working practices to ensure they met required standards.

Professional registration, insurance and indemnity checks were undertaken each year to ensure dental clinicians were still fit to practice and the practice had appropriate Employer's Liability insurance in place.

Working with other services

The practice made referrals to other dental professionals if it was unable to provide the necessary treatment itself, and where this was in the patient's best interest. An urgent referral including a suspected malignancy would be fast-tracked to ensure the patient received timely care and treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required, and then stored in the patient's dental care records.

Consent to care and treatment

Patients we spoke with told us they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Dental records we viewed demonstrated clearly that treatment options, their costs, and potential risks and

Are services effective?

(for example, treatment is effective)

benefits had been explained to patients in some depth. The practice had a range of treatment information leaflets that could be downloaded from its computer. These could be provided for patients, to further aid their understanding about the different options available to them.

Staff had received training on the Mental Capacity Act (MCA, 2005) and understood its relevance in obtaining patients' consent. 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. Evidence of patient consent had also been recorded, and staff were aware that the patient could withdraw their consent at any time. Specific consent forms were used for a number of treatments including implants and extractions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Prior to the inspection we sent out comment cards to the practice, so that patients could tell us about their experience. We collected 20 completed cards which contained many positive comments about the empathetic and supportive nature of the practice's staff. Patients told us that staff were good at making them feel relaxed during their treatment, and reassured them when they felt anxious.

We spent time in the reception area and observed a small number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good, and staff were consistently helpful, friendly and professional to patients both on the phone and face-to-face.

The downstairs waiting area was in the same room as the reception desk, meaning that when reception staff were on the phone or dealing with patients, a degree of privacy was lost. Staff talked knowledgeably about the ways that they tried to ensure patients' confidentiality. For example, by asking for a patient's date-of-birth, rather than their name; by only sharing information with patients themselves and not people claiming to be their relatives; and by taking patients to a private area within the practice if they wanted to speak confidentially.

Computers were password protected and patients' dental care records were computerised. Practice computer screens were below the reception counter level and not overlooked, which ensured patients' information could not be viewed. All consultations were carried out in the privacy of the treatment rooms. The practice operated a zero entrance policy during consultations so that patients' privacy was maintained.

Involvement in decisions about care and treatment

Patients we spoke with told us their dental health issues were discussed with them and that they felt involved in decision-making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also very positive and aligned with these views.

There were information leaflets available in the waiting rooms outlining different treatments which were available. There was a poster in the waiting rooms displaying the NHS charges associated with treatment. We were told that the cost of any private treatment would be discussed with the patient prior to undertaking the treatment.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options available to them. A range of information leaflets about fillings, root canal treatment and extractions could be printed off and given to patients to help them better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available about appointments on the practice's website and also in its patient information leaflet. This included opening times, details of the staff team and the services provided. The practice was open from Monday to Friday between 8:30am and 6.30pm; with extended opening on Tuesday until 7:00pm. Appointments could be booked in person, by telephone or via email. Staff told us that each dentist held two 20-minute slots open every day, at 11:00am and 3:00pm, to accommodate patients who needed an urgent appointment. Comments on the CQC comment cards indicated that it was easy to get an appointment with the practice.

In addition to general dentistry, the practice also offered some private services including veneers and white fillings.

Tackling inequity and promoting equality

The practice had a robust equality and diversity policy to support staff in understanding and meeting the needs of all patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included ground floor access to the premises, a large dedicated (disabled badge and staff only) car park at the back of the building, and an extended ramp that ran the length of the back garden to the rear door. However, there was no signage at the front entrance to the practice, indicating how to access these facilities. The surgeries were large enough to accommodate a wheelchair or a pram.

Although census data indicates that Staple Hill is less ethnically diverse than some other parts of Bristol, the surgery did have access to a telephone interpreting service, for those patients who needed it. Information about the practice was available in audio format for patients with a sight impairment and British Sign Language support was available for patients with a hearing impairment.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timeframes in which complaints would be responded to and also listed external agencies that patients could contact if they were not satisfied with the practice's response.

Staff had received specific training in managing complaints and showed a good knowledge of the practice's procedures. Patients' complaints were a standing agenda item at the practice's monthly meetings. We noted that a complaint relating to the time taken to repair a broken tooth had been discussed in the February 2016 meeting; along with action needed to ensure that patients better understood information before they left the surgery. We viewed the practice's paperwork in relation to this complaint, and noted that it had been recorded in detail, investigated thoroughly, and a written and empathetic response sent to the patient. This assured us that the practice took patients' complaints seriously. Information from NHS Choices indicated that all other concerns and/or complaints had not been responded to by the practice in a timely fashion.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the day-to-day running of the practice and was fully supported by the practice team. There was an established leadership structure within the practice, with clear allocation of responsibilities amongst the staff. For example the practice manager was the lead for infection control and for safeguarding patients, whilst a dental nurse and receptionist acted as medical emergency leads. All staff we spoke with were clear about their individual roles and wider responsibilities.

The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed a sample of these which were comprehensive, dated, and monitored as part of the practice's quality assurance process. Staff understood and had access to the polices.

Communication across the practice was structured around a monthly meeting involving all staff. This was the key forum for rehearsing medical emergency simulations, and discussing health and safety incidents, safeguarding and patient feedback. Minutes of these meetings were detailed and staff were invited to submit their own agenda items each month.

We found that the standard of record keeping across all areas was good, and the practice maintained all the records required for the protection of patients and the efficient running of the service. The practice completed an information governance toolkit every year to ensure it was meeting its legal responsibilities for how it handled patient information.

In addition to a number of regular audits for radiography, infection control and dental records, the practice manager completed daily and monthly checks of the service, to ensure it complied with fire and health and safety legislation.

Leadership, openness and transparency

The practice manager was experienced, well trained, knowledgeable and effective in their role, and met regularly with other local practice managers to share learning and current practice**.** Staff told us the manager was supportive.

Staff clearly enjoyed their work citing good team relationships, support and access to training as the main reasons. They reported there was an open culture within the practice, and that they had the opportunity to raise and discuss any concerns. They reported that the practice manager and dentists were very approachable.

The practice whistle-blowing policy was available in the staff room and listed information about external organisations, and a point of contact within the practice for staff to raise any concerns. In addition, there was advice from the General Dental Council on how to report a dental health professional. The practice manager was fully aware of the requirements of the Duty of Candour and there was a specific procedure to ensure the practice met its obligation in relation to this.

Learning and improvement

All the staff we spoke with felt supported by the practice and reported that they were encouraged to develop their knowledge and skills by completing their online training courses.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, infection control and the quality of clinical notes. Results were actively shared with staff to aid learning and effect improvements.

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

The practice encouraged and valued feedback from patients. A suggestion box was available in the waiting area with a form for patients to complete. Every month, patients were also encouraged to complete a satisfaction questionnaire which asked them to comment on the practice's appointments system, its cleanliness, the dental advice given and the helpfulness of staff. These questionnaires were regularly reviewed at the practice's monthly staff meetings and the findings used to improve the service. However, the results were not on display in the waiting area, along with action the practice had taken in light of patients' suggestions. For instance, following patient feedback, a bell had been fitted to the back door, and the practice had changed its opening hours. The practice also participated in the Friends and Family Test and the most recent results showed that patients were highly likely to recommend the practice.

Are services well-led?

The practice gathered feedback from staff through staff meetings, appraisals and discussion.