

# D.A. & C. Houston & Associates Dental Surgeons Grendon Lodge @ The Houston Group

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 19 July 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 this practice was providing safe care in accordance with the relevant regulations.

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

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

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

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

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

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

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

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

## **Background**

Grendon Lodge is part of the Houston Group of Dental Practices. It has recently been fully renovated and offers a modern well equipped practice with disabled facilities and a ground floor surgery. There is free on street parking by the practice.

This modern dental practice uses the latest techniques and state of the art equipment. The services provided are both NHS and private and the fees for all services are displayed on the practice website and in information leaflets available in the practice for patients.

The practice has four treatment rooms, a waiting area and a local decontamination unit. One treatment room and a disabled toilet are available on the ground with level access throughout. The practice has a team of clinicians with a variety of expertise and patients may see different clinicians for different parts of their treatment.

The practice has a principal dentist and a practice manager. The registered manager works across all practices in the Houston group. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.

The practice is open Monday –Friday 9.00am - 1.00pm and 2.00pm – 5.30pm on Monday, Wednesday, Thursday and Friday; on Tuesday 2.00pm - 7.30pm. The practice is closed at weekends. For emergency and out of hour's assistance contact information is available from the practice telephone answering service.

We reviewed 49 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with four patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and provided an excellent service in which they had confidence in the dental care provided.

## **Our key findings were:**

- There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- Use of Loups –These enable the clinician to have a magnified view of the operation site thus enabling extreme accuracy of treatment.
- The use of digital photography to explain treatments to patients while in the chair and manipulate images to show outcome of proposed treatment.
- Premises were well maintained and a tour of the building confirmed that good cleaning and infection control systems were in place. The treatment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and the practice was led by a proactive principal dentist / provider.
- Staff were kind, caring, competent and put patients at their ease.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Common themes from the CQC comment cards were patients felt they received excellent care in a clean environment from a helpful practice team who put them at their ease.
- Information about how to complain was available and easy to understand.

# 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 this practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

No action



### **Are services effective?**

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to either one of the specialists in their other practices in the group or to hospital specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff spoken with told us they had accessed specific training in the last 12 months in line with their professional development plan.

No action



### **Are services caring?**

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

We reviewed 49 completed CQC comments and received feedback from four patients about the care and treatment they received at the practice. The feedback was positive with patients commenting on the excellent service they received, professionalism and caring nature of the staff and ease of accessibility in an emergency. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



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

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

No action



# Summary of findings

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. Patients who commented on this service reported this was helpful.

There was level access into the building for patients with limited mobility and prams and pushchairs. Services were provided on the ground floor with level access throughout and the area was spacious enough to manoeuvre a wheelchair. For patients without mobility difficulties services were provided on the first floor of the building. We observed the reception desk was compliant with the Disability Discrimination Act 1995 and the Equality Act 2010.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

## Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us that they felt well supported and could raise any concerns with the practice manager who worked closely with the registered manager.

The practice had systems in place to seek and act upon feedback from patients using the service.

No action



# Grendon Lodge @ The Houston Group

## Detailed findings

### Background to this inspection

This inspection took place on 19 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the dentists, hygienist, dental nurses' and receptionists. 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 systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder. There had been one recent incident in which a member of staff had suffered a needlestick injury. This had been appropriately documented, reported and treated according to the practice and national policy. We saw the documentation included a detailed description, the learning that had taken place and the actions taken by the practice as a result. Records seen showed accidents and significant events were discussed and learning shared at practice meetings.

The principal dentist told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a recurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

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

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

We found that a rubber dam was used in root canal treatments. (A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment). We discussed this with the dentists and practice staff, and were shown the relevant entry in specific dental care records and the equipment in place in the treatment rooms. The principal dentist described what alternative precautions were taken to protect the patient's airway during the treatment if a rubber dam was not used.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice was using dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (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) Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Staff spoken with told us regular checks were done to ensure the equipment and emergency medicines were in date and safe to use. Records seen corroborated staff information. Records showed all staff had completed training in emergency resuscitation and basic life support. Staff spoken with demonstrated they knew how to respond if a person suddenly became unwell.

# Are services safe?

The practice had recently had an incident of this nature and we heard from staff it was handled in the correct way. Records seen corroborated this with clearly documented actions and outcomes for the well-being of the patient. Two members of staff were trained in first aid and a first aid box was centrally located and readily available for use in the practice.

## **Staff recruitment**

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed 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.

Records seen confirmed these checks were in place. We looked at the recruitment files for two members of staff one of whom had joined the practice in the last 12 months, and found they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and registered manager and the principal dentist to ensure they felt supported to carry out their role.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

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

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed.

They identified significant hazards and the controls or actions taken to manage the risks. The practice and registered managers told us the risk assessments were reviewed annually and records seen corroborated this. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the practice policy and procedures for infection prevention and control were accessible to staff.

There was a dedicated decontamination room which had been split into two rooms one for dirty instruments to be processed and when cleaned a hatchway to the clean room for sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice used a washer



## Are services safe?

disinfectant and an ultra-sonic cleaning bath for the initial cleaning process; then following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the consultation room and treatment rooms where patients were examined and treated and observed the rooms and all equipment appeared clean, uncluttered and well-lit with good ventilation. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

We reviewed the last legionella risk assessment report from 2014. The practice had appropriate processes in place to prevent legionella contamination such as flushing of dental unit water lines and regularly testing the water quality used in treatment rooms. These processes ensured the risks of Legionella bacteria developing in water systems within the

premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was mostly stored appropriately. We observed the cleaning equipment followed the national guidance of colour coding equipment to prevent the risk of infection spread. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The registered manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

### **Equipment and medicines**

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. All medicines were stored safely and staff kept a detailed record of stock in each treatment room. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

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

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records.



## Are services safe?

X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment and were shown how the practice monitored the quality of radiographs so patients did not receive unnecessary exposure to radiation. For example, local rules relating to each X-ray machine were maintained; a radiation risk assessment was in place.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays the quality of the X-rays and findings were all recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended appropriate training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed the information recorded in patient dental care records to corroborate information received from the dentists. We found they provided comprehensive information about patient's oral health assessments, treatment and advice given.

The records seen included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment. For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

Medical history checks were updated at every visit and patient care records we looked at confirmed this. This included an update about patient's health conditions, current medicines being taken and whether they had any allergies. Comments received via CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

We saw the practice sought to ensure best practice patient safety through the notable practice of the use of 'Loops'. These enable the clinician to have a magnified view of the operation site thus enabling extreme accuracy of treatment and better outcomes from treatment for the patient.

An aspect of notable clinical practice was the very modern digital photography in use to ensure patients are fully included in discussion about treatment options and which would suit them best. The provider told us they use digital photography to explain treatments to patients while in the chair and use images to show outcome of proposed treatment. Patients we spoke commented this was helpful and encouraged compliance with the chosen treatment options.

### 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' (Delivering better oral health' is an evidence based toolkit to support dental

teams in improving their patient's oral and general health published by Public Health England. The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients reported they felt well informed about every aspect of dental care and treatment pertaining to the health of their teeth and dental needs.

### Staffing

The practice team consisted of five dentists, two hygienists four dental nurses, two decontamination personnel and three receptionists one of whom was also the practice manager. The practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice manager together with the registered manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The newest member of staff told us this had been very helpful and informative. Dental nurses received day to day supervision from the dentists and support from the practice manager and registered manager.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuing professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

There was an effective appraisal system which was used to identify training and development needs. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to other specialists within the Houston Group of practices or hospital dental services for further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice used their IT system to provide information about referrals which could be used as part of their on-going programme of record keeping audits.

## **Consent to care and treatment**

Staff explained to us how valid consent was obtained for all care and treatment. The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment.

Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

The staff we spoke with were also aware of and understood the use of the Gillick competency test in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed dental care records to corroborate our information. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards confirmed patients were provided with sufficient information to make decisions about the treatment they received.

# Are services caring?

## Our findings

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

We reviewed 49 completed CQC comments cards. Comments from patients were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients on the telephone.

The principal dentist told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us they would use the consultation room if patients wished to discuss something with them away from the reception area. All treatment room doors remained closed during consultations.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. 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. Dental care records we looked at corroborated and reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and on their website. The services provided include prevention advice and treatment alongside the specialist dental care.

Patient's feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. Patients booked in with the receptionist on arrival who kept patients informed if there were any delays to appointment times.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place and provided training to support staff in understanding and meeting the needs of patients.

They had completed a Disability and Discrimination Act 1995 (DDA) assessment and made adjustments, for example to accommodate patients with limited mobility. There was wheelchair access to the waiting area and to all facilities on the ground floor. Parking was available on the street near the practice.

### Access to the service

The practice displayed its opening hours on the door to the practice, in the premises and in the practice information leaflet. Opening hours were Monday –Friday 9.00am - 1.00pm and 2.00pm – 5.30pm on Monday Tuesday and Thursday; on Tuesday 2.00pm - 6.00pm and Friday 2.00pm

– 4.00pm. The practice is closed at weekends. For emergency and out of hour's assistance contact information is available from the practice telephone answering service.

All 49 CQC comment cards reflected patients felt they had good access to the service and appointments were flexible to meet their needs.

### Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. The policy explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included the Dental Complaints Service. Staff told us they raised any formal or informal comments or concerns with the practice manager, registered manager or principal dentist to ensure these were responded to appropriately and in a timely manner.

The practice had received one complaint in the last 12 months that related to treatment. The complaint had been handled in an appropriate way to ensure a good outcome for the patient. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

We found there was a system in place which ensured a timely response which sought to address the concerns promptly and efficiently and effect a satisfactory outcome for the patient. We observed in staff meeting minutes any learning from complaints was discussed amongst the team and implemented for the safety and well-being of patients.

Information for patients about how to raise a concern or offer suggestions was available in the reception area and practice information leaflet.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided.

We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them.

Policies included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

There were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed. We were shown the practice has a weekly newsletter for staff in which good practice points, learning and other information about the team and practice activity were shared to ensure good communication and promote teamwork. Staff told us this worked well and they liked it.

### Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how much they benefited from

these meetings. The practice had a statement of purpose that described their vision, values and objectives. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager and / or principal dentist who would listen to them.

We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff told us they felt well supported by the practice manager, registered manager and principal dentist and worked as a team toward the common goal of delivering high quality care and treatment.

The provider was aware of and complied with the requirements of the Duty of Candour. The principal dentist encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, radiographs, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories. Where areas for improvement had been identified in the audits, action had been taken. For example through discussion and training at practice meetings. There was evidence of repeat audits to monitor improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. The practice had a compliments book in the waiting area which had a

## Are services well-led?

number of very positive comments recorded. These included the following words and phrases: excellent care and treatment. Professional and courteous. Was nervous but now have huge trust in the dentist. Results of treatment couldn't be more satisfactory.

The practice regularly asked patients for feedback at the end of treatment and the results seen corroborated the comments received on the CQC comment cards.