

ICS Dental Limited

# Little Lever Dental Practice

## Inspection Report

Little Lever Dental Practice  
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### Overall summary

We carried out an announced comprehensive inspection on 17 November 2015 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**

The practice offers a wide range of NHS and private dental care for its patient population. The practice has modern facilities with three dental surgeries, all fitted with up to date dental equipment and dental materials.

Little Lever Dental Practice has three dentists, a therapist and a hygienist who are supported by a dental nursing team, a practice manager and a receptionist. At the time of our inspection there were two dentists and one therapist supported by dental nurses on duty to meet the needs of the patient population. The practice is also a training practice that works closely with the University of Manchester. They were two dental nursing cadets on duty at the time of our inspection.

The principal dentist is 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.

The practice is open as follows::

Monday 08:00 – 13:00 14:00 – 18:30

Tuesday 08:00 – 13:00 14:00 – 18:00

Wednesday 08:00 – 13:00 14:00 – 18:00

# Summary of findings

Thursday 08:00 – 13:00 14:00 – 18:00

Friday 09:00 – 13:00 14:00 – 17:00

Patients can get treatment on a Saturday by special appointment.

We spoke with two patients who used the service on the day of our inspection and reviewed eight CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very complimentary about the service. They told us they found the staff to be extremely friendly and welcoming and felt they were treated with dignity and respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

## **Our key findings were:**

- There were systems in place for staff to report incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and we saw the premises was maintained to a good standard and clean and tidy.
- Patient's needs were assessed and care was planned and delivered in line with current guidance. This included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process.

- The patients we spoke with and all the comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients and their families, access to the service and to the dentists, was good. Patients reported good access to the practice with emergency appointments available the same day.
- The practice had procedures in place to take into account any comments, concerns or complaints that were made to improve the practice.
- The practice had an accessible and visible leadership team. Staff on duty told us they felt supported by the leadership team. Staff reported that patients were at the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles and there was an effective appraisal system in place.

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

- Review the National Colour Coding Scheme for cleaning materials (such as mops) in order to minimise the risks of cross contamination.
- Ensure policies and procedures are dated when reviewed and the next review date added.

# 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 provider had systems in place to ensure people were safeguarded from abuse. The safeguarding policy was up to date and staff were aware of their responsibilities. Staff were aware of their responsibilities to raise concerns and report incidents and accidents. Practice meetings took place that had items on the agenda regarding safety that demonstrated the practice was committed to providing a safe service for its patient population. All information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies, both in the dental chair and in the practice in general and dental radiography. We found that all the equipment used in the dental practice was well maintained.

### **Are services effective?**

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

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the principal and practice manager. This enabled staff to meet the requirements of professional registration. There was evidence that the practice worked together with other health professionals. The practice maintained appropriate medical records and details were updated appropriately. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

### **Are services caring?**

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

The patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The CQC comment cards, the NHS friends and family comment cards and practice patient questionnaires we reviewed all demonstrated that patients, their families and carers felt well supported, treated with dignity and respect and involved with their treatment plans. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

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

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

We saw evidence patients had good access to appointments at the practice. Information on this was available in the practice, via the practice website and also in the practice information leaflet. Emergency appointments were available on the same day. There were good dental facilities in the practice and sufficient well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised.

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

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure for staff to refer to. There was evidence of a visible, transparent and open leadership culture in the practice. The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported by the dentists and the practice manager. The practice had an organised management system and met regularly with staff to review all aspects of the delivery of dental care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. We saw evidence the practice was working towards becoming a member of the British Dental Association (BDA) good practice scheme. The practice proactively sought feedback from staff and patients and this was acted upon.

# Little Lever Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on 17 November 2015. The visit was undertaken by a CQC inspector and a Dentistry Specialist Adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We reviewed the information we had about this provider from the previous inspection. The practice sent us their statement of purpose, staffing levels and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

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. This did not highlight any significant areas of risk across the five key question areas.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. We reviewed incidents which the practice had fully investigated and resolved with a satisfactory conclusion. We saw evidence there were systems and processes in place to manage further accidents and incidents if they occurred. This was through policies and procedures, and the incident reporting system.

The practice had processes in place for receiving and sharing safety alerts. For example, they received safety alerts from suppliers and also from the medicines and healthcare regulatory authority (MHRA). All alerts were shared with staff working in the practice, either forwarded via email or discussed in meetings.

Although there had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents, there was an appropriate file to log them if they occurred.

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

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We saw dental care records on the computerised system. They had a medical history that was obtained and/or updated prior to the commencement of dental treatment in all cases. The clinical records we saw were all well-structured and contained sufficient detail enabling another dentist to tell what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives.

We looked at training records which demonstrated that staff had received relevant role specific training on safeguarding. We asked all staff about their safeguarding training. Staff were aware who the practice's safeguarding lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns, and also how to

contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personal were available and accessible to all staff.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. 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.

### Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. There was a range of suitable equipment including an Automated External Defibrillator (AED), emergency medicines and oxygen was available for dealing with medical emergencies should one occur. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The guidance for emergency equipment is in the Resuscitation Council guidelines

The practice followed guidelines about how to manage emergency medicines in accordance with the British National Formulary (BNF). The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines.

The emergency medicines were all in date and securely stored along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way. There were staff on duty who were qualified in first aid. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

### Staff recruitment

The practice had a range of human resources and practice recruitment and selection policies in place. These included the principles of The Equality Act 2010, Employment Rights Act 1996 and Human Rights Act 1998. These set out the standards it followed when recruiting staff.

Records we reviewed contained evidence that appropriate recruitment checks had been undertaken prior to

# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) were sought. All staff working in the practice had a DBS check on their staff file. Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. This was evident in the records of staff and in discussion with them.

## Monitoring health & safety and responding to risks

We were shown a comprehensive file of risk assessments covering all aspects of health and safety and clinical governance. These were maintained and up to date and highlighted significant hazards, those at risk, existing controls and/or action required.

There was a fire risk assessment in place which was due to be updated. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals. Members of staff were designated fire marshals and had undertaken appropriate training for the role.

The practice had a comprehensive emergency and business continuity plan in place to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. These covered loss of premises, telephone, loss of essential utilities and security systems. There were contact lists of both internal staff and external agencies held with the plan. However this plan was overdue a review.

National patient safety alerts were disseminated by the practice manager to practice staff. Alerts were discussed with staff and/or at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

## Infection control

During our visit we noted that the practice appeared clean and well maintained. There was a cleaning plan and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health. However the practice need to review the national colour coding scheme for cleaning materials (such as mops) in order to minimise the risks of cross contamination. The lead nurse had

responsibility for infection prevention and control in the practice and was the lead for decontamination procedures in the practice. We saw evidence that all staff in the practice had received training in infection prevention and control.

We saw evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw evidence the practice had undertaken an Infection Prevention Society (IPS) audit in October 2015, supported by an action plan, and demonstrated compliance with HTM01-05 standards.

Decontamination of dental instruments was carried out in a designated decontamination room off the ground floor surgery. A dental nurse gave us a comprehensive demonstration of the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that the arrangements ensured that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and rinsing known as temporal separation, followed by inspection of some items under a magnifying lamp before sterilisation.

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The decontamination lead demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete. We also observed regular maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines and the practice had undertaken a sharps risk assessment. We observed that sharps containers were well maintained and correctly labelled.

# Are services safe?

When we spoke with practice staff they understood the practice sharps injury protocol. This indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. Legionella is a germ found in the environment which can contaminate water systems in buildings.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

## Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There was a method in place that ensured tests of equipment were carried out at the right time and there were records of service histories for each of the units and equipment

tested. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety. We also saw evidence that the premises had undergone a satisfactory full electrical safety check.

The practice had a recording system for the prescribing and recording of the medicines used in dentistry. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. These medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely in the practice.

## Radiography (X-rays)

The principal at the practice was the named radiation protection supervisor. An external company covered the role of radiation protection adviser. The practice had a radiation protection file which we reviewed. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display. A copy of the local rules was displayed with each x-ray set. We also saw a copy of the most recent radiological audit and this demonstrated that a very high percentage of X-rays were of the appropriate standard. This was an audit to improve the quality of bitewing X-rays. We saw this met the criteria of the clinical audit cycle and was used to improve clinical dental practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patient's needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of computerised patient record cards. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were aware of changes in their oral condition following these assessments. Where patients were diagnosed with more aggressive forms of gum disease, a more detailed assessment of the gums was carried out by individual pocket depth charting. Patients would then be provided with more complex plan of care by the dentists. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The recall interval for each patient was set following discussion of these risks with them.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Fluoride applications for children and oral health advice were provided. A selection of dental products were on sale in the practice to assist patients with their oral health. Records demonstrated patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

The practice used a variety of methods for providing patients with information. These included a practice website and patient information leaflet. Information displayed included good oral hygiene, early detection of oral cancer and children's oral health.

### Staffing

We reviewed all staff files and records. Staff received appropriate professional development and the staff we spoke with confirmed this. The practice maintained a programme of professional development to ensure that staff were up to date and this would ensure that patients received high quality care as a result. This included training in core skills such as health and safety, safeguarding, radiography, medical emergencies, cardiopulmonary resuscitation (CPR) and infection control.

We reviewed information about continuing professional development (CPD), current disclosure and barring service (DBS) checks, current General Dental Council (GDC) registration and immunisation status and found them all to be in order.

We reviewed the practice induction process which included all aspects of health and safety and included fire safety, medical emergencies and decontamination procedures. The staff we spoke with confirmed that this had been undertaken.

### Working with other services

There was proactive engagement with other dental providers to co-ordinate care and meet patients' needs. The practice involved other professionals and therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral form which included urgent two week referrals for mouth cancer. There were also for referrals to an orthodontic specialist and sedation services for anxious patients if required.

### Consent to care and treatment

Patients' who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with two patients who used the service. All patients were given very clear treatment options which were discussed in an easy to understand language by the dentists. This was also confirmed when we spoke to the dentist. This evidence was supported by the results of the patient feedback questionnaires. The patients we spoke with also confirmed that they understood and

# Are services effective?

(for example, treatment is effective)

consented to treatment. This was reflected in comments patients made on CQC comment cards and in patient records. We saw consent was consistently documented when we reviewed patient records.

The dentist we spoke with was aware of how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of

the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Staff demonstrated a clear understanding of Gillick competencies. (These help staff to identify children aged under 16 who have the legal capacity to consent to examination and treatment).

# Are services caring?

## Our findings

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

We observed all staff treated patients with dignity and respect. The patients we spoke with were positive about the care and treatment they had received from the practice. They told us they were given choices and options with respect to their dental treatment in language they could understand. They said they were treated with respect and dignity at all times.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

Maintaining patient confidentiality was high on the agenda at this practice. This was captured as part of the practice patient questionnaire. We observed staff were careful to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private.

Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery and we observed this to be the case. We observed the treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. These would then be investigated and any learning identified would be shared with staff individually or at practice meetings if necessary.

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

The practice displayed information in the waiting area that gave details of NHS dental charges. We also saw that the practice had displayed information about dental care and treatments and opening times. There was also information and contact details displayed regarding how patients could access emergency dental care if required. This information was also available in the patient information leaflet.

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Where a patient's carer attended an appointment with the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to minimise any discomfort and prevent problems.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that they had sufficient time during their appointment and that they were seen promptly. Staff told us that if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

Each patient contact with a dentist was recorded in the patient's computerised record. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them.

The practice ensured that there were appointments available for emergencies each day. The practice supported patients to attend their forthcoming appointment by having a text and email reminder system in place.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to translation services if necessary for patients whose first language was not English.

The premises had been adapted to meet the needs of people with disabilities. The building had easy access for people in wheelchairs at the front of the building. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and these arrangements allowed for easy access to the ground floor treatment room.

Staff described to us how they had supported patients with additional needs such as a learning disability. They

ensured patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

### Access to the service

Comprehensive information was available to patients about appointments in the practice. This was available in the practice, on their website and in the practice information leaflet.

Patients were very satisfied with the appointments system. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were:

Monday 08:00 – 13:00 14:00 – 18:30

Tuesday 08:00 – 13:00 14:00 – 18:00

Wednesday 08:00 – 13:00 14:00 – 18:00

Thursday 08:00 – 13:00 14:00 – 18:00

Friday 09:00 – 13:00 14:00 – 17:00

Patients can get an appointment on a Saturday by special arrangement. Patients could book appointments in person or via the phone.

### Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and eight patients chose to comment. All of the comment cards completed were very complimentary about the service provided, the staff and that the practice was very family friendly.

The practice had a system in place for handling complaints and concerns. There was a designated responsible person, the practice manager, who handled all complaints in the practice. Patients we spoke with knew how to raise concerns or make a complaint. Although patients were aware how to complain, the patients we spoke with said they never felt the need to complain. Information on how to complain was displayed in the waiting area. We reviewed practice patient questionnaires and friends and family comment cards and they were all favourable about the

# Are services responsive to people's needs?

(for example, to feedback?)

service provided. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner. We also saw that a current ongoing complaint was being dealt with in an appropriate manner.

# Are services well-led?

## Our findings

### Governance arrangements

The principal Dentist was registered with CQC as the registered manager. They delegated individual aspects of governance such as responding to complaints and managing risks to the practice manager. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice manager undertook quality checks at the practice. The practice had a proactive 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 fire, exposure to hazardous substances, pregnant and nursing mothers and medical emergencies.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included how to report adverse incidents, information governance, access to records, confidentiality and complaints. However some policies needed to be dated and have a review date. We reviewed information on risk assessments covering all aspects of health and safety and clinical governance.

### Leadership, openness and transparency

The ethos of the practice was to promote good oral health and provide high quality dental care to their patient population, and to offer them clear and helpful advice about their oral health needs and choice in the range of appropriate treatments suitable to the needs and wished of the patient..

We saw from minutes that team meetings were held regularly. Each meeting had an agenda that was variable

but included updates and information on subjects such as infection prevention and control, clinical audits and health and safety. We saw completed audits that included aspects of health and safety, radiography and infection control. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

There were clearly defined leadership roles within the practice. The practice manager and principal dentist ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance about confidentiality, record keeping, incident reporting and consent to treatment.

We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection. We were shown the information that was available to all staff, which included sections on equality and bullying and harassment at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

### Learning and improvement

Staff told us the practice supported them to maintain and develop through training and mentoring. We saw regular staff performance reviews (appraisals) took place. These included duties and responsibilities, what has gone well, what has required improvement and what changes were to be made. The review also included specific to role objectives that could include reception duties, oral health, radiography and dental care records. These were supported by comments and action. Staff we spoke with told us the appraisal process was a two way communication process with the practice manager who supported their development.

All dentists and nurses who worked at the practice were registered 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. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

## Are services well-led?

Staff we spoke with told us the practice was very supportive of training and provided them with eLearning. The practice offered a range of on-site, hands-on learning and development opportunities for dentists and all other staff.

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

Patients expressed their views and were involved in making decisions about their care and treatment. The practice used a patient feedback questionnaire to capture information about how the patients viewed the quality of dental care they received. It included sections on appointments, reception, staff and cleanliness. The questionnaire also asked for patients' individual comments. We saw that the results obtained showed a high level of satisfaction with the quality of service provided. Patients who used the service said that the service was very professional, friendly and welcoming. There were several comments that demonstrated that the

practice was family friendly and that patients were at the heart of the practice. The friends and family comment cards also confirmed that patients would recommend the surgery to others.

The two patients we spoke with were very happy with the standard of care they had received. They both described how helpful and friendly the practice staff were. Patients were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient feedback questionnaires, on the practice generated comment cards and on the CQC comment cards.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.