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# Sprotbrough Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 October 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**

The Sprotbrough Dental Practice is situated in Doncaster. The practice offers mainly NHS treatment and occasional private dental treatments.

The practice comprises of two first floor treatment rooms, a decontamination room, a waiting and reception area, staff facilities and a patient toilet.

There are two dentists, a practice manager, two dental nurses and a trainee dental nurse, and two receptionists.

The practice is open between 8:30am to 6:15pm; opening hours vary throughout the week.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection we received 18 CQC comment cards providing feedback. Patients who provided feedback were very positive about the care and attention to treatment they received at the practice. Comments included that patients felt they were involved in all aspects of their care and found the staff to be very pleasant and helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

# Summary of findings

## Our key findings were:

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

- The governance systems were effective and embedded.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

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

- Review the practice's cleaning contract to bring in line with National Patient Safety Agency guidance. Also implement a risk assessment for the practice cleaner.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocol for logging prescription pads given to patients and implement an audit to ensure systems are in place to monitor and track their use.
- Review the practice's process for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping paying particular attention to documenting consent to treatment, treatment options and associated risks.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw corresponding processes and systems in place.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Staff had received appropriate training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We reviewed the legionella risk assessment from September 2016. Evidence of regular water testing was being carried out in accordance with the assessment.

We saw that patients receiving root canal treatment were not always treated with a rubber dam in place. This method was not always recorded in the patient notes.

We found inconsistencies with the cleaning contract which were not in accordance with National Patient Safety Agency guidance. There was also no practice risk assessment written for the cleaner.

The practice did not audit or keep a log of all prescriptions given to patients.

No action



### Are services effective?

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

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

We found areas of improvement could be made for the completion of dental care records. Recording of consent to treatment, documenting treatment options and associated risks discussed with patients could be improved.

No action



# Summary of findings

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

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

## Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 18 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely in locked cabinets behind the reception desk and computers were password protected.

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

The practice had introduced an annual initiative of familiarity visits this year; visiting pre-school children at a local nursery.

No action 

## Are services responsive to people's needs?

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

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

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

The practice had an information leaflet which included details of the staff, dental treatments available, opening times and access to emergency care.

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

Patients had access to an interpreter service.

No action 

## Are services well-led?

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

No action 

# Summary of findings

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

There was a clearly defined management structure and team ethos in place and all staff felt very supported and appreciated in their own particular roles. The principal dentist and practice manager were responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous detailed improvement and learning system.

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

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

Staff told us of the practice's dedication to support training for trainee dental nurses.

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

# Sprotbrough Dental Practice

## Detailed findings

### Background to this inspection

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

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

During the inspection we spoke to the principal dentist, associate dentist, three dental nurses, two receptionists and one patient. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?
- These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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

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

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Alerts were actioned appropriately but a log was not kept of action taken; the recording of future alerts would be initiated by the principal dentist.

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

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

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment. A safer sharps system had been implemented for use in each surgery.

We saw that rubber dam was not always used when providing root canal treatment to patients in line with

guidance from the British Endodontic Society, this method was not always recorded in patient's notes. We brought this to the attention of the principal dentist who assured us the process would be reviewed. A rubber dam is a thin, rectangular sheet, latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations, and felt they all had an open and transparent relationship.

### Medical emergencies

The practice had good procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were very knowledgeable about what to do in a medical emergency and had completed external training in emergency resuscitation and basic life support within the last 12 months. The practice also carried out in-house scenario based emergency simulations to maintain current with emergency procedures.

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

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

Records showed weekly checks were carried out on the AED, emergency medicines and medical oxygen cylinder. These checks ensured the oxygen cylinder was sufficiently full and in good working order.

### Staff recruitment

The practice had an appropriate recruitment policy and checks in place. The checks included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking

# Are services safe?

references. We reviewed the two most recent staff members' recruitment files which confirmed the processes had been followed. All personal information was stored securely.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The 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.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

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

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

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder which was dated June 2016; COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. Risk assessments and safety data sheets were present and the file was seen by all staff.

We noted there had been a fire risk assessment completed in June 2016. We saw as part of the checks by the team the smoke alarms were tested monthly and the fire extinguishers were serviced annually. We saw that a fire drill was undertaken July 2016. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

We saw a comprehensive business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste

products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control. We also saw the appropriate daily and weekly tests were being carried out by the dental nurses to ensure the autoclaves were in working order.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in October 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed action plans and analysis were in place.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets. We did find some out of date dental materials which we brought to the attention of the principal dentist, these items were immediately removed and a log implemented to prevent future occurrences.

Records showed the practice had completed a Legionella risk assessment in September 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste outside in a secure container. An appropriate contractor was used to remove



# Are services safe?

the waste from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps, amalgam and gypsum was collected on a regular basis.

The practice had an external cleaning contractor to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment but mops were not stored appropriately and mop heads were not changed in a timely manner. This procedure did not follow the National Patient Safety Agency guidance. No risk assessment was written for the cleaner. We brought this to the attention of the principal dentist who told us they would rectify this without delay. In-house monitoring of practice cleanliness was carried out.

## **Equipment and medicines**

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

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

Prescriptions were stamped only at the point of issue and were locked away when not needed to ensure their safe use. The practice did not audit or keep a log of all prescriptions given to patients. The principal dentist told us this would be addressed this immediately.

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

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

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice bi-annually; we saw the most recent X-ray audit, it was graded and analysed for improvement but not clinician specific, the principal dentist would ensure this was addressed at the next audit.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health. We found some areas of improvement could be made for the completion of dental care records. For example recording of consent to treatment, documenting the use of rubber dam, and treatment options and associated risks discussed with patients could be improved.

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

We saw patient dental care records were audited annually to ensure they complied with the guidance provided by the Faculty of General Dental Practice.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

### Health promotion & prevention

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

and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate.

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

### Staffing

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

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

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

### Working with other services

The dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were typed up or pro-formas were used to send all the relevant information to the specialist. We saw a patient referral tracker system was used to monitor the progress of all referrals.

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

# Are services effective?

(for example, treatment is effective)

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

## **Consent to care and treatment**

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in the patient's notes. Any treatment option declined would also be recorded. A copy would be retained in the patients' dental care record. We

found improvements could be made in obtaining and documenting consent to treatment; recommendations for a more robust process were taken on board by both dentists to be implemented immediately.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge.

# Are services caring?

## Our findings

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

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

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The waiting room and reception were within close proximity and staff told us that privacy was not always easy to maintain. An alternative area would be offered if a patient wished to speak privately.

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

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

A selection of magazines and dental leaflets were in the waiting room.

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

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

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

The practice had introduced an annual initiative of familiarity visits this year; visiting pre-school children at a local nursery.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an information leaflet which included details of the staff, dental treatments and specialist services available, opening times and access to emergency care.

We also saw the practice responded to suggestions by patients by using a 'you asked – we responded' board in the waiting room. This demonstrated the practice embraced improvement and would implement ideas where possible.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a permanent ramp with hand rails to access the premises. As treatment rooms are not accessible to wheelchairs or patients with limited mobility an alternative practice would be offered to patients unable to use the stairs.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and website and on the NHS Choices website.

The opening hours are:

9:00am – 5:15pm Monday and Thursday

9:00am – 6:15pm Tuesday

9:00am – 5:15pm Wednesday

8:30am – 4:30pm Friday

Where treatment was urgent staff told us they were trained to triage emergency patients to offer a same day appointment. The practice would always aim to see emergency patients the same day so that no patient was turned away. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

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

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

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

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaints in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist and practice manager were responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

We saw a wealth of dedication and forward thinking; the principal dentist had recently taken ownership of the practice and showed us detailed and extensive plans for refurbishment and equipment upgrading.

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

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

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

### Leadership, openness and transparency

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

The practice held monthly staff meetings involving all staff members. The meetings were conducted with specific

agenda items to ensure patient safety was prioritised. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

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

### Learning and improvement

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

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC.

Staff told us of the practice's dedication to supporting training for trainee dental nurses. All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had a small dedicated team. There was a strong emphasis on team work, staff told us and we saw they were very happy in their role.

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment card in the waiting rooms. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

Patients were encouraged to provide feedback on a regular basis either verbally or using the suggestion boxes in the

## Are services well-led?

waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.