Genix Healthcare Ltd

Gencare Dental Clinic - Tickhill

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 May 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

Gencare Dental Clinic - Tickhill is situated in Tickhill near Doncaster, South Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has two surgeries, a decontamination room, an X-ray room, a waiting area and a reception area. The reception area, waiting area, X-ray room and one surgery are on the ground floor. The other surgery is on the first floor. There are accessible toilet facilities on the ground floor of the premises.

There are two dentists, a dental hygienist, three dental nurses (who also share reception duties), a cleaner and a practice manager.

The opening hours are Monday from 9-00am to 6-00pm, Tuesday to Thursday from 9-00am to 5-30pm and Friday from 9-00am to 4-00pm.

Summary of findings

The practice manager 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.

During the inspection we received feedback from 4 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the premises were clean and that staff were friendly, polite and professional.

Our key findings were:

- The practice appeared clean and hygienic.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention, control and health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Dental care records showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

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

- Review the arrangement for the secure storage of clinical waste.
- Review the practice's audit protocols to record the percentage of X-rays which are grade one, two or three giving due regard to the guidance from the National Radiation Protection Board (NRPB).
- Review the practice's protocol for the recording of a report for each X-ray which is taken.
- Review the practice's protocol for recording where risks and benefits of different treatment options have been discussed.

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.

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at practice meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

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

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

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). The practice focused strongly on prevention and the dentist was aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Are services caring?

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

During the inspection we received feedback from four patients. Patients commented that staff were friendly, polite and professional.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Summary of findings

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 an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

Patients commented they could access treatment in a timely way. There were clear instructions for patients requiring urgent care when the practice was closed.

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

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment.

Are services well-led?

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

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

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those staff unable to attend. Staff also had daily morning huddles to discuss any issues relating the day ahead.

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

They conducted quarterly patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

Gencare Dental Clinic - Tickhill

Detailed findings

Background to this inspection

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

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

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

During the inspection we received feedback from four patients. We also spoke with one dentist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff described an incident which had occurred in the recently and this had been well documented, investigated and reflected upon by the dental practice. We saw that as a result of a particular incident that the practice had arranged for further training after learning was identified from the incident. relating to the incident. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were the stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. Staff were familiar with the signs and symptoms of abuse and the procedure which needed to be followed if they were concerned about a patient.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe sharps system, a procedure that only the dentists handle sharps and guidelines about responding to a sharps injury (needles and sharp instruments). Staff were familiar with these policies and procedures.

Rubber dam (a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.) was used in root canal treatment in line with guidance from the British Endodontic Society.

We saw that patients' clinical records were computerised and password protected to keep people safe and protect them from abuse. Any paper documentation relating to the dental care records were locked away in secure cabinets when the practice was closed.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency drugs were grouped into bags according to a particular emergency situation. This bag also included instructions on how to deal with that particular emergency.

Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. We also saw the practice conducted monthly emergency scenarios at the practice meetings. These would be chosen randomly. This ensured staff were regularly reminded of how to deal with the different medical emergencies.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the upstairs stock room. 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 including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out on the AED and the oxygen cylinder. The medicines were also checked on a weekly basis. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking two

references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. We saw that the practice arranged for an external company to carry out an annual health and safety inspection of the premises to ensure that any risks were identified and managed. This included checks for slips, trips and falls, electrical safety and checks on workstations.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B. We saw that the practice conducted weekly and monthly fire checks to ensure that any risks were appropriately managed. It also conducted fire drills every four months.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. Any new materials or substances would be added to the COSHH folder and staff would be made aware of any particular precautions associated with it. Staff were familiar with the COSHH folder and when to reference it.

Infection control

There was an infection 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 control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. One of the dental nurses was the infection control lead and had attended specific training aimed at the role of the lead in infection control.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. The external clinical waste bin was locked but we did notice that it was not held securely as the gate at the rear of the building was broken. Therefore the clinical waste bin could potentially be accessed by the general public. This was brought to the attention of the practice manager and we were told that this would be addressed.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

Are services safe?

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfector to clean the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in a validated autoclave (a device for sterilising dental and medical instruments). The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had been carrying out an Infection Prevention Society (IPS) self- assessment audit every six months 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 most recent audit carried out in January 2016 showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in December 2015(Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session, monitoring cold and hot water temperatures each month, the use of a water conditioning agent in the water lines and quarterly tests on the on the water quality to ensure that Legionella was not developing.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as the washer disinfector, the autoclave and the compressor. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. We saw evidence of validation of the autoclave, washer disinfector and the compressor. Portable appliance testing (PAT) had been completed in March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue and were kept locked away when not needed to ensure their safe use. The practice kept a log of all prescriptions given to patients which enabled the practice to ensure the safe provision of prescription medicines.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A new X-ray machine had been installed in the first floor surgery. This machine was not in use as it was awaiting the initial critical examination to be sent through to show that it was safe to use.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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 the surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification and grade was documented in the dental care records for all X-rays which had been taken. We noted that the dentist did not document a full report on each X-ray taken. This should include details of findings including any pathology which was identified. This was brought to the attention of the practice manager and we were told that this would be discussed with the dentist.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. We reviewed the most recent audits and we saw the percentage of X-rays which had been graded as one, two or three had not been converted into a percentage. The National Radiological Protection Board (NRPB) states that there must be a minimum of 70% grade one and a maximum of 20% and 10% grade two and three respectively. On the day of inspection these percentages were calculated and it showed that the results of the audit were within the NRPB guidelines. We were told that the next X-ray audits would include these percentages.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease such as decay, gum disease or cancer.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken by either the dentist or the dental hygienist.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed a risk based assessment before taking X-rays to ensure they were required and necessary.

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, the dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were prescribed for patients at high risk of dental decay.

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

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the location of emergency medicines, hand washing procedures, the decontamination procedures and any health and safety issues. We saw evidence of completed induction checklists in the recruitment files. As part of the induction staff had regular reviews with the practice manager. These were at one month, three months, six months and a final review at nine months. Performance was discussed at these reviews and any training needs were identified.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

One member of staff described to us how they were encouraged to attended further training in order to assist with placing dental implants which the practice were about to start providing. The organisation paid for the course, accommodation and travel. It was evident that training and improving staff was part of the practice's ethos and staff felt appreciated as a result.

Are services effective?

(for example, treatment is effective)

The practice employed a dental hygienist. The dental hygienist provided in-depth oral hygiene advice and treatment to patients in order to help them maintain a healthy mouth.

Staff told us they had annual appraisals and midyear reviews where training requirements and any areas for improvement were discussed. We saw evidence of completed appraisal and midyear review documents. Each member of staff had a personal development plan.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of a suspected malignancy. There was a list of hospitals on the reception desk where these patients could be referred. A phone call would be made to the hospital and this would be followed up by a referral letter. This ensured the patient was seen in a timely way.

The practice kept a log of all referrals which had been sent. This allowed the practice to monitor the progress of any referral which had been sent.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff had annual training about matters relating to consent.

Staff had received training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a form was signed by the patient outlining the costs associated with the treatment. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. We noted that the discussions with regards to risks and benefits was not documented in the dental care records. This was brought to the attention of the practice manager and we were told that this would be discussed with the dentist.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that staff were friendly, polite and professional. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff 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. Dental care records were not visible to the public on the reception desk. We observed the receptionist to be helpful, discreet and respectful to patients. They were aware that no personal details should be discussed at the reception desk to ensure the dignity of patients. We were told that when they rang patients to inform them of upcoming appointments the office was used to make these calls to ensure no confidential details could be overheard by other patients in the waiting room. They also told us that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation relating to dental care records were securely stored in a locked room and in locked cabinets.

Staff were aware of the needs of anxious patients and described to us how they would manage them. This included a slow approach to treatment in order to acclimatise the patients and also being friendly. We noted that the dentist was a friendly character which would be conducive to treating nervous patients.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. 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. We saw that the practice kept easy read forms for patients with a communication disability. These included what to expect during a checkup, the process for a filling and the process for X-rays. We also saw there was a television in the waiting room which had animations outlining what was involved in different dental procedures including veneers and fillings. Patients were also informed of the range of treatments available in the practice on the practice website.

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 saw evidence in the appointment book that there were dedicated emergency slots available each day. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

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. A DDA audit had been completed as required by the Disability Act 2005. These included step free access at the rear of the building, a hearing loop and a ground floor accessible toilet. The ground floor surgery was large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. The opening hours are Monday from 9-00am to 6-00pm, Tuesday to Thursday from 9-00am to 5-30pm and Friday from 9-00am to 4-00pm. We were told that the practice sent out a text message reminder or called patients to inform them of upcoming appointments. This had greatly reduced the amount of missed appointments.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area, on the practice website and in the practice's information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. The practice manager was in charge of dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. The practice manager told us that they aimed to resolve complaints in-house initially. The practice had not received any complaints in the last 12 months.

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. This included acknowledging the complaint within two working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

There were details of how a patient could make a complaint displayed in the waiting room, in the practice information leaflet and on the practice website.

Are services well-led?

Our findings

Governance arrangements

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

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective 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 safety, the use of equipment and infection control.

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

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. 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 where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as significant events, training needs, recall intervals for patients and medical emergencies. The practice also had morning huddles where issues relating to the day were discussed such as if they were low on stock and who is working where.

All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

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, patient waiting times, infection control and the amount of missed appointments. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were identified and followed up by a repeat audit. For example, we saw that as a result of the dental care record audit that improvements had been made to the dentists record keeping.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies, basic life support, infection control, consent and radiography. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. We were also told that staff were actively encouraged to complete additional training which was relevant to their roles.

The umbrella company (Genix Healthcare) organised for all staff to attend an annual conference where mandatory training was completed. As part of this annual conference they also did team building exercises and a prize ceremony for dental nurse of the year, team of the year and dentist of the year. Staff felt that this day was a good way to keep up to date with their CPD and also meet staff from other practices within the company.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out quarterly patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about the general appearance of the practice, whether reception staff were helpful and efficient,

Are services well-led?

whether the dentist listened and how easy it is to book an appointment. The most recent patient survey showed a high level of satisfaction with the quality of the service provided.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 98% of patients asked said that they would recommend the practice to friends and family.