

Mr. Philip Davies

# Kingsway Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 4 February 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**

Kingsway Dental Practice offers mainly NHS (approximately 99%) and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has four treatment rooms, two waiting areas, a reception area and separate decontamination and sterilisation rooms. Treatment and waiting rooms are on the ground and first floor of the premises. There is wheelchair access to the three ground floor treatment rooms.

The practice has four dentists, a practice manager and eight dental nurses, two of whom are also receptionists. The principal dentist is the registered provider. (Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run). The practice is open Monday to Friday from 9.00am until 5.30pm.

We viewed 28 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with three patients on the day of our inspection. We reviewed patient feedback gathered by the practice through comments from the NHS Friends and Family Test. Feedback from patients was

# Summary of findings

overwhelmingly positive about the care they received from the practice. They commented staff were caring, respectful, put them at ease and listened to their concerns.

## **Our key findings were:**

- Patients told us they had confidence in the dental services provided and were able to arrange routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and clearly showed on-going monitoring of patients' oral health.
- The practice had systems in place to assess and manage risks to patients, including health and safety and safeguarding children and adults from abuse.
- There were systems in place to monitor and continually improve the quality of the service; including through clinical and non-clinical audits.
- Staff were supported to maintain their continuing professional development (CPD), had undertaken training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, autoclaves, fire extinguishers, the air compressor, oxygen cylinder and X-ray equipment.
- There were effective systems in place to reduce the risk and spread of infection. Staff were appropriately trained and had access to policies and procedures on how to maintain a clean and hygienic environment.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

# 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 systems to assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.

There were clear procedures regarding the maintenance of equipment and the storage of medicines. Medicines for use in the event of a medical emergency were safely stored and staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered.

### **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 in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. Treatments were carried out in accordance with best practice guidelines from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).

The practice worked with other professionals in the care of their patients and referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

### **Are services caring?**

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

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

Staff recognised the importance of explaining the assessment and options for treatment to patients. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

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

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

Patients commented they had easy access to both routine and emergency appointments. There were clear instructions for patients requiring urgent dental care when the practice was closed.

# Summary of findings

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. Staff were knowledgeable about the process.

The principal dentist audited the suitability of the premises each year and had made adjustments, for example, to accommodate patients with limited mobility.

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

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

The practice had effective clinical governance and risk management structures in place and systems to monitor the quality of the service. The practice identified, assessed and managed clinical and environmental risks related to the service provided and audited areas of their practice as part of a system of continuous improvement and learning. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

The practice manager and principal dentist ensured up to date policies and procedures were in place and easily accessible to staff to support the safe running of the service.

# Kingsway 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on the 4 February 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and

their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with seven practice staff including the principal dentist, an associate dentist, three dental nurses, the practice manager and a receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and incident reporting procedures which included information and guidance about the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed accidents that had taken place in the last 12 months and found the practice had responded appropriately.

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

The practice manager and principal dentist were aware of their responsibilities under the duty of candour. Patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

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

The practice had safety systems in place to help ensure the safety of staff and patients. These included a risk assessment regarding handling sharps and guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B virus. (This virus can be contracted by health service personnel and others as a result of a needlestick injury if they have not been immunised against the virus). There had been no needle stick injuries in the last 12 months.

Rubber dams were routinely used in root canal treatment in line with guidance from the British Endodontic Society. 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. The practice had a risk assessment in place which outlined other safety measures they would take if they were unable to use a rubber dam.

The principal dentist was the safeguarding lead professional in the practice and had been appropriately trained for this role. All staff had undertaken adult safeguarding and child protection training in the last 12 months. The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies and a flow chart of how to raise concerns were readily available to staff and included contact details for child protection and adult local authority safeguarding teams. Staff we spoke with were knowledgeable about identifying, reporting and dealing with safeguarding concerns.

### Medical emergencies

The practice had an oxygen cylinder and emergency medicines stored on the first floor for use in the event of a medical emergency. This was in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF). Following discussion the principal dentist confirmed these would be stored downstairs in future as this was a more central location to three of the four dental treatment rooms were situated. We saw regular checks were carried out to ensure oxygen levels and flow rates were sufficient and safe to use. The practice had a log of all emergency medicines including their expiry dates. A reminder system was in place to alert staff two weeks before each medicine expired in order to ensure they were replaced in a timely manner. Following discussion the principal dentist confirmed they would carry out a weekly stock check of the emergency medicine supplies to provide further assurance that sufficient stocks were available.

The practice did not have an automatic external defibrillator (AED) on the premises. 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. The principal dentist had a verbal agreement with a GP practice close by to use their defibrillator in the event of a medical emergency. Following discussion the principal dentist confirmed they would review their medical emergency risk assessment to take account of when the GP practice was closed. We saw records to demonstrate that the staff had attended as a team cardiopulmonary resuscitation (CPR) training in June 2015. This training had included the use of an AED.

### Staff recruitment

# Are services safe?

The practice had a recruitment and selection policy in place to support the safe recruitment of staff. The practice manager was knowledgeable about the recruitment process, including seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The principal dentist told us they carried out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

The practice had a system in place for monitoring that staff had medical indemnity insurance and professional registration with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date. No new staff had been appointed to the practice in the last 12 months. We looked at the file of the most recently recruited member of staff and found they contained appropriate documentation.

There was an induction programme in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice and the importance of patient confidentiality.

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

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There was a health and safety policy and set of procedures in place to support staff, including for the risk of fire, manual handling and managing spillages. Records showed that fire detection and fire-fighting equipment such as smoke detectors and fire extinguishers were regularly serviced. Records showed the principal dentist carried out their annual review of the fire risk assessment in June 2015 and outlined actions to be taken in a fire action plan. These included providing additional signage and wall mounting all fire extinguishers. We found all actions had been completed. Fire safety checks and drills were carried out every six months and staff we spoke with were knowledgeable about their role in the event of a fire.

The practice had a risk management process in place, including a record of all risks identified, to ensure the safety

of patients and staff members. For example, we saw risk assessments for fire, electrical equipment, handling sharps and waste disposal. They identified significant hazards and the controls or actions taken to manage the risks. The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a business continuity and disaster recovery policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The policy kept up to date contact details for staff and support services.

## **Infection control**

Two dental nurses were the infection control lead professionals and they worked with the principal dentist to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The service followed the best practice 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff.

We looked around the premises during the inspection and found the treatment rooms, decontamination room and sterilisation room appeared clean and hygienic. They were free from clutter and had work surfaces that could be easily cleaned. The practice had cleaning schedules in place to promote good standards of infection control. Staff 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 were hand washing facilities in the treatment rooms and staff had access to good supplies of protective equipment for use by patients and staff members.



# Are services safe?

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

Dental nurses showed us the procedures involved in manually scrubbing, rinsing and inspecting dirty instruments; and in sterilising, packaging and storing clean instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. Sterilised instruments were placed in sealed pouches stamped with a use by date.

The practice had systems in place for daily quality testing the sterilisation 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.

Records showed a risk assessment for Legionella was carried out in June 2015 and the recommended measures advised by the report were in place. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

## Equipment and medicines

There were systems in place to check equipment had been serviced regularly and for the reporting and maintenance of faulty equipment. Records showed these were up to date, including for the autoclaves, air compressor, fire extinguishers and the X-ray equipment. A portable appliance test (PAT) had been carried out in January 2016 by an appropriately qualified person to ensure the equipment was safe to use. PAT shows that electrical appliances are safety checked.

The practice had systems in place regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients. Prescriptions pads were stored securely and the dentists recorded information about any prescription issued within the patient's dental care record.

## Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in 2015 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered. X-rays were digital and images were stored within the patient's dental care record.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They contained details about the condition of the teeth, soft tissue lining the mouth and gums including the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed in relation to a patient's gums). These assessments were carried out at each check-up and BPE scores were noted in patient's dental care records in order to monitor any changes in the patient's oral health.

Patients updated their medical history forms annually and the dentist checked if there were any changes at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. This ensured that for patient safety, the dentist was aware of the patient's present medical condition before offering or undertaking any treatment.

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 dental care record and these were reviewed in the practice's programme of audits.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines for example in deciding when to recall patients for examination and review. 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.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, and the quality of the dentistry and outcomes.

### Health promotion & prevention

The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This 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 applications for children, oral health advice and prescriptions for high concentrated fluoride toothpaste were provided as appropriate. The practice was participating in a national pilot scheme regarding the use of high concentrated fluoride toothpaste.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. Following discussion, the principal dentist confirmed they would ensure a range of health promotion leaflets were available for patients to support this advice.

### Staffing

The practice team consisted of four dentists, a practice manager and eight dental nurses, two of whom were also receptionists. The principal dentist and the practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning. Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

A period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Dental nurses received day to day supervision and support from dentists and staff had access to policies and guidance which contained information that further supported them in the workplace.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Staff we spoke with were knowledgeable about the urgent referral process where oral cancer was suspected. Dental care records contained details of the referrals made and the outcome of the specialist advice.

## **Consent to care and treatment**

The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent, in line

with the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff described to us the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients gave their consent before treatment began. Feedback in CQC comment cards and from patients we spoke with confirmed that they were provided with sufficient information to make decisions about the treatment they received.

# Are services caring?

## Our findings

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

We looked at 28 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice. They commented staff treated them with respect and dignity and were sensitive to their individual needs and anxieties.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were stored securely in locked cabinets. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment.

Policies and procedures in relation to data protection and confidentiality were in place to support staff. Staff we spoke with were aware of the importance of providing patients

with privacy and how to maintain confidentiality, for example there was always a room available if patients wished to discuss something with them away from the reception area. We observed positive interactions between staff and patients arriving for their appointment and found staff were helpful, discreet and respectful to patients on the telephone.

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

Patients were given verbal and written information to support them to make decisions about the treatment they received. Patients commented they had sufficient time at their appointment and were at ease discussing their treatment with the dentist and felt listened to.

Staff described to us how they involved patients' relatives or carers when required and ensured there was time to explain fully the treatment options. Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice and on their website. The services provided included preventative advice and treatment and routine and restorative dental care. The practice information leaflet displayed in reception contained a variety of information including opening hours, private and NHS fees and emergency 'out of hours' contact details and arrangements.

We found the practice had an efficient appointment system in place to respond to patients' needs. For example there were appointments available each day for patients requiring urgent dental care. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice supported patients to make their review appointment by having a text reminder system in place.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients. The principal dentist carried out a disability access audit annually to ensure access to the building and the services met the needs of disabled patients. They had made adjustments, for example, to accommodate patients with limited mobility. There were two disabled parking bays, a wheelchair access ramp into the reception area, disabled toilet facilities on the ground floor and three large downstairs treatment rooms suitable for wheelchairs and

pushchairs. The practice had an audio loop system in the reception area for patients with a hearing impairment. Dental care records included alerts about assistance patients required.

### Access to the service

The practice's opening hours were Monday to Friday from 9.00am until 5.30pm. Patients commented they were able to contact the practice easily and had choice about when to come for their treatment. Patients confirmed they had easy access to both routine and emergency appointments. There were clear instructions in the practice and via 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 staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

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 ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint. The practice had received one complaint in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist and practice manager led on the individual aspects of governance such as responding to complaints and managing audits and risk assessments. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. Health and safety and risk management policies were in place and easily accessible to staff. We saw risk assessments and the control measures in place to manage those risks for example relating to fire, exposure to hazardous substances and the premises in general. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a comprehensive range of policies and procedures in use at the practice and accessible to staff. These included guidance about consent, confidentiality and data protection, duty of candour and infection control.

### Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us that there was an open culture within the practice which encouraged candour and honesty. The practice manager and principal dentist told us they were aware of their responsibilities under the duty of candour and would ensure patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were clearly defined leadership roles within the practice. Staff told us the practice was a relaxed and friendly environment and they felt well supported and valued. There were arrangements for sharing information

across the dental team, including updating staff through informal meetings as required. Formal meetings were arranged every few months and included team training. These were documented for those staff unable to attend.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Clinical staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). There was an effective appraisal system in place for dental nurses and reception staff which was used to identify training and development needs.

We saw there was a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. These included audits of record keeping, X-rays, infection control and disability access. The principal dentist described changes that had taken place or were planned as a result of the audit process. These included adaptations to the building, purchasing new equipment and staff training. There was evidence of repeat audits to monitor that improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included formal patient surveys and feedback from the NHS Friends and Family test. (FFT). FFT is a national programme to allow patients to provide feedback on the services provided. Records of the survey results for the last three months were positive about the service provided and showed a high level of satisfaction.

Staff told us the practice manager and dentists were readily available to speak to at all times and they felt confident about raising any concerns or suggestions for improvement.