

Synergy Dental Clinic Ltd

# Synergy Dental Clinic - South Shore

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 September 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**

Synergy Dental Clinic - South Shore is situated in Blackpool, Lancashire. It offers mainly NHS dental treatments to patients of all ages but also offer private dental treatments. The services include preventative advice and treatment, routine restorative dental care, dental implants and conscious sedation.

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

There are four dentists, one dental hygiene therapist, two qualified dental nurses, two trainee dental nurses, two receptionists and a practice manager (who is also a qualified dental nurse).

# Summary of findings

The opening hours are Monday to Friday from 9-00am to 5-00pm and Saturday from 10-00am to 3-00pm.

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.

During the inspection we spoke with three patients who used the service and reviewed 17 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included staff were friendly, polite and caring. They also commented that treatments were explained clearly, they were listened to and options about treatment were offered.

## Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- 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.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the availability of ventilation in the decontamination room.
- Review the security arrangements for the decontamination room.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation includes details of what to do in the event of an accident.
- Review the storage of paper dental care records to ensure they are stored securely.

# 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, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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. We noted that the ventilation in the decontamination room was inadequate as the extractor fan was broken and the decontamination room was not secure. The manager advised this would be rectified as soon as possible.

We noted that the COSHH folder did not contain details of what to do in the event of an incident with a substance. The manager advised this would be rectified as soon as possible.

We saw that some paper documentation relating to patient care was stored behind the reception desk when the practice was closed. The manager advised this would be rectified as soon as possible.

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 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 dentists were 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).

No action



# Summary of findings

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 spoke with three patients who used the service and reviewed 17 completed CQC comment cards. Patients commented they were provided with a great service and staff were friendly and helpful.

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.

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

No action



## 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 staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The practice owner was an effective clinical lead within 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.

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

The practice was proactive in seeking feedback from patients and used several methods in order to continuously improve their service. They also conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

No action



# Synergy Dental Clinic - South Shore

## 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.

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 spoke with three patients who used the service and reviewed 17 completed CQC comment

cards. We also spoke with three dentists, three dental nurses, one receptionist 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 were familiar with the importance of reporting significant events. We reviewed the significant events which had occurred in the last 12 months. These had been well documented and analysed. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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.

### 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 principal dentist was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle re-sheathing device, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury (needles and sharp instruments). The provider agreed to review this protocol to ensure compliance with the safe sharps act 2013.

The dentists told us they routinely used a latex free rubber dam when providing root canal treatment to patients (to avoid any possibility of a reaction to latex) in line with guidance from the British Endodontic Society. A dental dam is a thin, rectangular sheet, which can be latex (rubber) or non-latex, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Dental dams should be used when endodontic

treatment is being provided. On the rare occasions when it is not possible to use a dental dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw that patients' clinical records were computerised, password protected and backed up to secure storage to keep personal details safe. We saw that some paper documents relating to dental care records were stored behind the reception desk prior to being scanned into the electronic records. These were not held securely. This was brought to the attention of staff on the day and we were told that this would be addressed.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. 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.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Advisory 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 regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED battery 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 references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff 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

# Are services safe?

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 assessments were 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.

There were policies and procedures in place to manage risks at the practice. These included slips and trips, amalgam capsules, pregnant staff and ionising radiation.

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. We saw that there were no details in the COSHH risk assessments of the process to follow in the case of an accident whilst using a particular substance. We also noted that the materials were in no particular order so what to do in the event of an accident would be difficult to locate.

## **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)'. The head dental nurse was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

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. We noted that the extractor fan in the decontamination room was not working so there was not adequate ventilation in this room. HTM 01-05 states that the ventilation system should be adequate to remove excess heat from equipment and processes. We also saw that the decontamination room was not secure. The manager advised they would review the risk assessment relating to security of the decontamination room.

We also noted in the surgeries that cotton wool rolls and local anaesthetic cartridges were stored loose. Cotton wool rolls should be stored in a sealed container and local anaesthetic cartridges should be stored in blister packets to prevent exposure to aerosols. We were told that this would be implemented.

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 were hand washing facilities in the treatment rooms 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.

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.

The decontamination lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used



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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). Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. 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 carried 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 audit showed the practice was meeting the required standards. Any actions which the audit identified had been actioned.

Records showed a risk assessment for Legionella had been carried out in August 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 bacteria developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and also biannual 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 X-ray sets, the autoclaves and the compressor. The practice manager maintained a

comprehensive list of all equipment including dates when equipment required servicing. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in February 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue. The practice also dispensed antibiotics for private patients. These were dispensed from a main container into smaller containers. When advised this was contrary to the human medicines regulations 2012 the practice manager advised they would no longer dispense antibiotics.

## 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 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 all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried regularly and action plans were discussed amongst the dentists as seen in the practice minutes. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed 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.

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. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken. During the inspection we noted that the provider used dental loupes during examinations and whilst providing treatment. Dental loupes provide a dentist with a degree magnification which aids visual acuity and aids correct diagnosis and treatment of dental conditions.

Medical history checks were updated 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 the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each x-ray and a detailed report was recorded in the patient's care record.

We were advised that conscious sedation was infrequently carried out at this location. We observed this was carried out in line with those set out in the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Patients were

assessed for their suitability for conscious sedation at an initial consultation. The patient's American Society of Anaesthesiologists (ASA) physical status was assessed and documented. Doses of the sedative were titrated to each individual patient. Vital signs were monitored throughout the procedure. Patients were provided with pre and post-operative instructions and were always accompanied by an escort. There was a separate recovery room available to monitor the patient after treatment.

### 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 when this was clinically justified. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients of all ages at high risk of dental decay in line with DBOH.

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. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. 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 demonstrating to the new member of staff the decontamination process, the location of emergency medicines, fire evacuation procedures and the process to follow after a needle stick injury. Both the head nurse and the practice manager were responsible for the induction process. New members of staff were also provided with a staff handbook which had copies of the relevant policies. We saw evidence of completed induction checklists in the personnel files.

# Are services effective?

(for example, treatment is effective)

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 and safeguarding to help staff keep up to date with current guidance. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

## **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 and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and oral surgery.

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 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. This involved sending an urgent e-mail the same day and a telephone call to confirm the e-mail had arrived.

## **Consent to care and treatment**

Patients were given appropriate verbal and written 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. The dentists 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 completed 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. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed, the associated costs and any potential risks related to the treatment. Patients were given time to consider and make informed decisions about which option they preferred. Patients confirmed that these discussions took place.

# Are services caring?

## Our findings

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

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. 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. This included keeping surgery doors shut during consultations and treatment and ensuring no personal details were disclosed at the reception desk.

We observed staff to be helpful, discreet and respectful to patients. Staff told us that if a patient wished to speak in private an empty room would be found to speak with them.

The practice had both male and female dentists and patients were able to choose which dentist they wished to.

### **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.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area, on the practice website and on the television in the waiting room.

# 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 for each dentist. 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.

Patients commented they were able to access treatment when they required it and felt the appointment system worked for them. Patients we spoke with advised they were able to access emergency dental care in a timely fashion. The reception staff advised they kept emergency appointment slots available each day to avoid double booking of patients. 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 and recommendations of the audit report implemented. Features included a ramp to access the premises, a hearing loop and a ground floor accessible toilet. The ground floor surgeries were large enough to accommodate a wheelchair or a pram.

We were told that several members of staff were multilingual. These languages included Urdu, Punjabi, Gujarati and Polish. We were told that patients who spoke these languages liked to see a dentist who was able to communicate in their language. An interpreter service was also available for other languages via the local NHS services.

### Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-00pm and Saturday from 10-00am to 3-00pm.

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 NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service, displayed in the waiting area, on the practice website and in the practice information leaflet. We were told that if advanced treatments had been carried out then the principal dentist would give the patient their mobile phone number and offered them to call at any time for advice. We were told that the surgery had been re-opened several times to offer patients treatment.

### 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. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy. The practice manager kept a log of any complaints which had been raised. This included the nature of the complaint, the date it had been acknowledged, the date a response had been provided and a conclusion including any actions taken as a result. Any complaints would be discussed at staff meetings (where appropriate) in order to disseminate learning and prevent recurrence.

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 three 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.

# Are services well-led?

## Our findings

### Governance arrangements

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.

The practice manager was responsible for administrative running of the service. The principal dentist was a visible and supportive clinical leader. 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 slips and trips, amalgam capsules, pregnant staff and ionising radiation.

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. We saw that each member of staff had an individualised checklist which stated what their duties were on a daily, weekly and monthly basis. This ensured that the duties were completed.

### 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 would be 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 weekly staff meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as infection control, patient feedback and health and safety were discussed.

### 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 audits such as dental care records, X-rays, infection control and compliance with FGDP guidelines. We looked at the audits and saw that the practice was performing well. Where improvements had been identified these were discussed at monthly multidisciplinary team (MDT) meetings.

Staff told us they had access to training and this was monitored to ensure essential 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 General Dental Council. The practice paid for in house training on medical emergencies, CPR and safeguarding.

All staff had annual appraisals with the practice manager or the principal dentist. These appeared to be a very robust process. For example, to identify any training needs simulated events were carried out. These included clinical charting procedures, medical emergencies, infection control routines and reception duties. Each member of staff had a personal development plan which described what the aims and objectives were for the upcoming year. Staff were also encouraged to provide feedback about the practice on how they felt it could be improved. This was evidentially a two way process.

We were told by the dentists that the principal dentist arranged for monthly MDT meetings with the other practices within the umbrella company. At these meetings the associate dentists were encouraged to bring in cases to discuss and offer peer support. We were told that the principal dentist arranged for a specialist dentist to attend the MDT meeting. This specialist would carry out a treatment on a patient and this would be streamed live to the other dentists to watch how it was carried out. The principal dentist was also an active member of the local dental committee. It was clearly evident that the principal dentist was highly proactive in the development and mentoring of the associate dentists.

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

## Are services well-led?

The practice had systems in place to involve, seek and act upon feedback from people using the service. They carried out patient satisfaction surveys and the practice manager also telephoned 10 patients every month to ask them for feedback about the service. We were told that as a result of feedback from patients a coffee machine had been bought and staff were aware to inform patients if there was going to be a delay with their appointment. The practice also sought feedback from patients through social media.

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. We saw that the practice took time to acknowledge any comments made on the NHS choices website and if any were negative then the individual was advised to contact the practice to discuss their issue further.