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Deu Dental Headingley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 June 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

Deu Dental Headingley is situated in the Headingley area of Leeds, West 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 three surgeries, a decontamination room, an X-ray room, two waiting areas and a reception area. The reception area, one waiting area, the X-ray room and one surgery are on the ground floor. The other two surgeries and the second smaller waiting area are on the first floor. There are accessible toilet facilities on the ground floor of the premises.

There are three dentists (one of which is a foundation dentist), two dental hygienists, six dental nurses (three of which are trainees), two receptionists and a practice manager.

The opening hours are Monday to Friday from 9-00am to 5-30pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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 spoke with three patients who used the service and reviewed 74 completed CQC comment cards. The patients were all positive about the

Summary of findings

care and treatment they received at the practice. Comments included that the premises were hygienic and safe, they were made to feel relaxed and comfortable and that staff were polite, friendly and helpful. Patients also commented that treatment was well explained and they were given good advice with respect to dental hygiene.

Our key findings were:

- 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 were detailed and 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.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Patients were able to make routine and emergency appointments when needed.
- Staff from the practice participated in smile month and made visits to local schools to provide oral hygiene advice
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- The practice had effective governance arrangements in place and regularly audited clinical and non-clinical areas relating to the dental practice

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

- Review the practice's arrangements the storage of local anaesthetics.

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 a policy and process in place for reporting of significant events. Staff told us they felt confident about reporting incidents, accidents and 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.

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 dentists 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 dentists were aware of the importance of prevention and followed the guidance from 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 spoke with three patients who used the service and reviewed 74 completed CQC comment cards. Patients commented that they were made to feel comfortable and that staff were polite, friendly and helpful. Patients also commented that treatment was well explained and they felt involved in decisions about treatment.

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. The reception staff used a triage system for patients requesting an emergency appointment. 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.

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

The practice was proactive with regards to seeking feedback from patients. They conducted 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.

Deu Dental Headingley

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 74 completed CQC comment

cards. The registered provider gave us a presentation about the practice. We also spoke with one dentist, the dental nurse, the 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 a policy which included clear guidance for staff about how to report incidents and accidents. Staff were familiar with the process for reporting incidents or accidents. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning. There had not been any significant events recorded in the last 12 months.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and notifications which need to be made to the CQC. There were contact details for the relevant organisations within the incident reporting 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 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 owner was the safeguarding lead for the practice and all staff had undertaken the appropriate level of safeguarding training. Staff were knowledgeable about the signs and symptoms of abuse or neglect and were aware of whom to report them to.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe sharps system and guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam (this is 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. 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 also conducted monthly medical emergency scenario training at the staff meetings.

The practice had an emergency resuscitation kit, oxygen cylinder and emergency medicines. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). 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). All emergency medicines were in date.

Records showed daily checks were carried out on the AED oxygen cylinder. These checks ensured that the oxygen cylinder was full and the AED was fully charged. The practice had a system in place to notify them when emergency medicines were going out of date. They had a shared calendar which everyone had access to. This prompted the practice manager or practice owner that an emergency medicine was going out of date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff. This included an application form, an interview, 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 staff. These checks identify whether a person has a criminal record or is on an official

Are services safe?

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.

The practice manager showed us an equal opportunities form which all applicants were requested to fill in. This ensured that the recruitment process was fair and did not discriminate.

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. There were policies and procedures in place to manage risks at the practice. These included risks associated trainee dental nurses, amalgam capsules, slips and trips and risks associated with staff not responding to the Hepatitis B vaccination. We saw that staff conducted weekly fire alarm tests to ensure it was working correctly.

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. Staff were aware of the COSHH folder and when to reference it. 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. The COSHH folder was reviewed every year by the practice manager to check whether any new hazards had been identified for the substances included in the folder.

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 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. 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 and staff completed a form to confirm that these had been done. 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.

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.

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 an ultrasonic bath and a washer disinfectant 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). Instruments were then bagged, sealed and stamped with a use by date.

Are services safe?

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 audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out (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 and between patients, monitoring cold and hot water temperatures on a quarterly basis and the use of reverse osmosis water containing a water conditioning agent in the dental unit water lines.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves 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 and the compressor. Portable appliance testing (PAT) had been completed in May 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

During the inspection we noted that local anaesthetic cartridges had been removed from their blister packs and stored loosely in the drawers in two surgeries. This was brought to the attention of the practice owner and practice manager and we were told that from now on these would remain in their original blister packs.

Prescriptions were stamped only at the point of issue and were kept locked away at night to ensure their safe use.

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 and serviced. 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.

All staff were up to date with the mandatory training with regards to radiography.

X-ray audits were carried out every year. 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 dentists 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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease such as decay, gum disease or cancer. This was documented and also discussed with the patient. Patients were provided with details of the NICE guidance within the practice information leaflet.

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.

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 dentists 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 told and saw evidence that current guidelines were regularly discussed at practice meetings in order to keep all staff up to date with them.

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 dentists and dental hygienists would provide oral hygiene advice to patients and they would use models to assist them. There was also a television in the waiting room which had animations describing effective oral hygiene techniques including brushing and interdental cleaning. The practice website also contained links to oral health information including how to brush and how to floss.

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 synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the surgeries and 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 a tour of the premises, getting the new member of staff aware of the location of emergency medicines, arrangements for fire evacuation procedures and issues relating to health and safety. We saw evidence of completed induction checklists in the recruitment files. As part of the induction process the new member of staff was allocated a buddy who would provide support and guidance during their first few months working at the practice.

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

Are services effective?

(for example, treatment is effective)

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.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

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 practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. The practice e-mailed the referral letter to the hospital or specialist dental service. The practice first got consent from the patient to e-mail the referral. 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 patient was advised to contact the practice if they had not received a letter regarding the referral within four weeks.

The practice had a procedure for the referral of a suspected malignancy. This involved faxing a copy of the letter and also a telephone call to confirm the fax had arrived.

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 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.

The dentists were aware of Gillick competency. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The dentists told us that they preferred to have parental involvement if they were doing a treatment which was irreversible.

Staff ensured patients gave their consent before treatment began and a form was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were provided with a written treatment plan which outlined the treatments proposed, the associated costs and the risks associated with the treatment. For example, if a patient was undertaking root canal treatment they would be made aware of the possible complications and the success rate of the treatment.

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. Dental care records were not visible to the public on the reception desk. Surgery doors were always kept closed when a patient was inside. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

When treating children one of the dentists told us that he would do a lot of explaining in a way children would understand, show the child the equipment before it was

used and explain to them what to expect so that nothing is a surprise. They also told us that if the child was uncooperative for any reason then they would re-book the appointment at another time so not to distress the child by continuing the treatment.

Patients' electronic care records were password protected and regularly backed up to secure storage.

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 and on the practice website. The practice website also contained a "frequently asked question" section about different treatments.

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 receptionist would complete a triage form from information provided by the patient. They would take this to the patient who would read the form and assess how urgently the patient needed to be seen. They would then be given an appointment within the appropriate time scale.

Patients commented they had sufficient time during their appointment and they were not rushed. 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 an equality and diversity policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These step free access to the building and a ground floor accessible toilet. The ground floor surgery was large enough to accommodate a wheelchair or a pram. We were told that the ground floor surgery was used for those patients who could not manage the stairs.

Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday from 9-00am to 5-30pm.

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 on the practice website and in the practice 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 information leaflet. The practice manager was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice owner or 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 practices policy.

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 days. If the practice was unable to provide a response within 10 days then the patient would be made aware of this.

The practice manager kept a detailed log of all complaints which had been received. This included a summary of the complaint, when the acknowledgment letter was sent, what action had been taken and how many days it had taken to resolve.

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, trainee dental nurses, amalgam capsules and waste 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 training requirements, complaints, NICE and FGDP guidelines and feedback from patients. We were told that a different member of staff was asked to chair the staff meetings each month. This made the staff feel appreciated and part of the team.

The practice had a whistleblowing policy which was freely available to staff. All staff were aware of whom to raise any issue with and told us that the practice owner and 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 and infection control. 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. The dental care record audit and the X-ray audit were completed by the Foundation Dentist. This encouraged them to become involved in matters of clinical governance.

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. We were also told that staff were actively encouraged to complete additional training which was relevant to their roles.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice was proactive in seeking feedback from patients on how to improve their service.

This included carrying out annual patient satisfaction surveys and a comment box in the waiting room. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. The results of the most recent patient satisfaction survey were displayed in the waiting room.

The practice also used an external company which contacted patients by e-mail or text message after they had attended for an appointment to provide feedback. This had led to a great increase in the number of reviews placed on

Are services well-led?

the NHS choices website and gave the practice the opportunity to seek feedback from a greater number of patients. Patient feedback (both positive and negative) was regularly discussed at practice meetings in order to disseminate the information to staff.

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.