

The Mapleleaf Practice Ltd

The Mapleleaf Practice

Inspection Report

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Date of inspection visit: 14 October 2016

Date of publication: 31/10/2016

Overall summary

We carried out an announced comprehensive inspection on 14 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Mapleleaf Practice is situated in the centre of Harrogate, North Yorkshire. The practice offers private dental treatments including preventative advice, general dentistry, dental implants and orthodontics.

The practice has three surgeries, one of which is on the lower ground level, a decontamination room, a waiting/reception area, an area for the Orthopantomogram (OPT) machine, and patient toilets. There are also staff facilities and offices.

There are three dentists, two dental hygienists, four dental nurses and a practice manager.

The practice is open:

Monday to Thursday 8:00am and 5:00pm

Friday 8:00am - 4:00pm.

One of the practice owners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection we received 28 CQC comment cards providing feedback and we spoke with three patients. The patients who provided feedback were very positive about the care and attention to treatment they

Summary of findings

received at the practice. They told us they were involved in all aspects of their care and found the staff to be very caring, they provide exceptional treatment, are very considerate and motivational; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

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

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the requirement for an up to date legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. We found the practice held one secondary dose of adrenaline (used to control the symptoms of a severe allergic reaction) and the staff were aware of the ambulance response time was seven minutes in the local area. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice manager told us they reviewed the website monthly for national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Some alerts require 48 hour action to be taken so a monthly check could potentially miss these alerts. The practice manager told us they would register for automated alerts that day.

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 patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

We reviewed the Legionella risk assessment from January 2011. Evidence of regular water testing was being carried out in accordance with the assessment up until February 2016. Historical records showed the water temperature was not reaching the required temperature and no action had been taken. The practice had also completed some refurbishment and implemented a new decontamination area where by a new risk assessment should have been implemented. The practice manager assured us they would address this 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 made in house referrals for specialist treatment or investigations where indicated.

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), guidance from the British Orthodontic Society (BOS) and guidance from the British Society of Periodontology (BSP).

No action



Summary of findings

Staff were encouraged and supported 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).

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 28 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at the practice.

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

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

No action



Are services responsive to people's needs?

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

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

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

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

Patients had access to telephone interpreter services.

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 all staff felt supported and appreciated in their own particular roles. The practice manager and partners were responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous detailed improvement and learning system. We found the X-ray audit was not clinician specific and the grades of X-rays had not been collated. There was no comments as to why a film was graded a 2 and no action plans or learning outcomes in place.

No action



Summary of findings

The practice had conducted patient satisfaction surveys in the past and were due to implement a new questionnaire; there was also a comments box in the waiting room for patients to make suggestions to the practice.

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

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

The Mapleleaf Practice

Detailed findings

Background to this inspection

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

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

During the inspection we spoke with the principal dentist, a dental hygiene therapist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

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

The practice manager told us they reviewed the website monthly for national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Some alerts require 48 hour action to be taken so a monthly check could potentially miss these alerts. The practice manager told us they would register for automated alerts that day.

Reliable safety systems and processes (including safeguarding)

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

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

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

The principal dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. The dentist told us if they could not place a rubber dam they would be reluctant to continue treatment.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). 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 emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

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

Records showed weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis. We found the practice held one secondary dose of adrenaline and knew the ambulance response time was seven minutes in the local area.

Staff recruitment

The practice had a recruitment policy in place and this process had been fully followed when employing new staff. This included obtaining proof of their identity, checking

Are services safe?

their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

We saw all members of staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

Monitoring health & safety and responding to risks

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

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

We noted there had been an in house fire risk assessment completed for the premises in May 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that six monthly fire drills had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

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

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in August 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the decontamination and treatment room. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in 2011. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients. Evidence of regular water testing was being carried out in accordance with the assessment up until February 2016. Historical records showed the water temperature was not reaching the required temperature and no action had been taken. The practice had also completed some refurbishment and installed a new decontamination area where by a new risk assessment should have been carried out. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice manager assured us they would address this as soon as possible.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site.

Are services safe?

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

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

Equipment and medicines

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

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

Local anaesthetics, antibiotics and pain relief were stored appropriately and the appropriate logs were in place.

Radiography (X-rays)

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

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), guidance from the British Orthodontic Society (BOS), and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

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

The practice also provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

We spoke with the hygiene therapist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own

compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

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

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for a more detailed advice.

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 dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. Staff had all completed training for smoking cessation and alcohol advice for the local support teams.

Staffing

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

Staff told us they had very good access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional

Are services effective?

(for example, treatment is effective)

development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

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

Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

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

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

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a healthcare professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment plans were discussed with each patient and documented.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The layout of the waiting area was conducive to maintaining confidentiality as conversations at the reception desk could not be overheard by those in the waiting area.

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

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

Music was played throughout the practice treatment rooms for patients and a selection of magazines were in the waiting room. Cold water was available in the reception area. Pre gelled; single use toothbrushes were available in the patients' toilets to use prior to dental appointments.

Information folders and patient testimonials were available in the practice and thank you cards were shown to the inspector. One the day of the inspection we witnessed the dental hygiene therapist receiving a card and a hade made outfit for her daughter's doll, due to a conversation during the patient's last visit. A selection of dental information leaflets for patients to take home was readily available.

The staff told us they had a long standing relationship with one of the local schools to provide and annual work experience placement for someone who wished to have a dental career.

Involvement in decisions about care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included hand rails to access the premises. Patient with restricted mobility who could not access the service were referred to other locations with step free access.

We also saw the consent forms could be made available in a large print version and the practice had access to translation services for those whose first language was not English.

Access to the service

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

The practice is open:

Monday to Thursday 8:00am and 5:00pm

Friday 8:00am - 4:00pm.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed. The practice was part of a local out of hour's rota system to ensure patients could be seen at weekends and public holidays.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the GDC.

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

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

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response.

The practice had received one complaint in the last 12 months. We reviewed the complaint and saw they had been responded to in line with the practice's policy. This included acknowledging the complaint and providing a formal response and discussing the complaints during staff meeting to learn and prevent future complaints.

Are services well-led?

Our findings

Governance arrangements

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

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

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

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

Leadership, openness and transparency

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

The practice held six weekly staff meetings involving all staff members and also had daily informal morning meetings to ensure everyone had a role for the day and could raise any concerns if required. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

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

Learning and improvement

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

We found the X-ray audit was not clinician specific and the grades of X-rays had not been collated. There was no comments as to why a film was graded a two and no action plans or learning outcomes in place.

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

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

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

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

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