

# Five Rivers Dental Limited

# Pagham Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 December 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**

Pagham Dental Surgery is located within a parade of shops in the small town of Pagham. The practice provides private and NHS general dentistry to approximately 2000 patients. The majority of work is carried out under the NHS. The practice comprises of two recently refurbished surgeries, a separate decontamination room and a small reception and patient waiting area.

The practice employs a principle dentist, a hygienist, a dental therapist and one qualified nurse. One receptionist is also a qualified nurse and provides cover when needed.

The practice is open Monday to Thursday 9am to 5pm. A hygienist is available on Friday from 9am to 4pm and appointments for the dentist on Friday are by appointment only. Out of hours is provided by the Surrey and Sussex area team, the contact details of which are available on the practice answerphone when the practice is closed.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

The principle dentist 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'.

# Summary of findings

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.

We reviewed 39 completed Care Quality Commission (CQC) comment cards and obtained the views of five patients on the day of the inspection. Patients commented on the thorough and very good treatment that they received by staff that were very caring and polite. Patients told us that they were made to feel welcome and that reception staff were helpful.

## **Our key findings were:**

- The practice appeared visibly clean, was bright and clutter free.
- Staff were welcoming, professional and kind.
- Staff had made all reasonable adjustments to enhance access to the practice.
- There was appropriate equipment for staff to undertake their duties. All equipment was well maintained.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were readily available as per British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Patients were able to make routine and emergency appointments when needed.
- Infection control procedures protocols were suitable giving due regard to 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'.

- Clinical staff had the necessary skills to carry out their duties in line with the requirements of their professional registration.

- Governance arrangements were in place for the smooth running of the practice.

- Information from 39 completed Care Quality Commission (CQC) comment cards gave an entirely positive picture of a friendly and caring service.

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

- Review the practice's recruitment policy and procedures to ensure that the arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and Continuing Professional Development in accordance with the requirements of the General Dental Council
- Review the practice record keeping policy to ensure that dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the use of the Friends and Family Test and consider displaying the results for patients in accordance with the guidelines provided by the NHS.

# 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 operated effective systems for recording and reporting significant events and accidents. Staff had a good understanding of necessary policies and procedures to follow including the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013. The principle dentist acted as the safeguarding lead and all staff understood their responsibilities for reporting any suspected abuse. Staff were confident in dealing with a medical emergency. Staff were suitably qualified for their roles and staff were meeting the regulations as set out by the dental professionals' regulatory body, the General Dental Council (GDC). The practice maintained an effective system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. Essential quality requirements for infection control were being exceeded. Equipment checks were carried out in line with the manufacturer's recommendations and medicines were stored appropriately. Batch numbers of anaesthetics were not always recorded in patients dental care records. All elements necessary for the safe working of X-ray units were present.

No action



### Are services effective?

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

The dental care provided at the practice focused on the needs of the patients. The practice integrated current professional guidance such as that issued by the National Institute of Care Excellence (NICE). The practice updated patients' medical histories at each examination. Patients' oral health was monitored and the practice was committed to providing a minimally invasive approach to treatment through promoting better oral health. Staff maintained their continuing professional development (CPD) training appropriate to their roles and learning needs. Dentists referred patients onto primary and secondary services as necessary. All staff understood the principles of informed consent but this was not always documented in patients dental care records.

No action



### Are services caring?

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

We obtained the views of 44 patients who had recently received treatment at the practice. They gave an entirely positive view of the practice. Patients commented on the kind, caring, professional and excellent service they received. We observed staff being very welcoming and friendly when patients came in to the practice. It was evident that the staff knew their patients very well and maintained good patient-dentist relationships.

No action



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

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

No action



# Summary of findings

The practice had a well organised booking system to respond to patients' needs. There was an effective system for dealing with patients' emergency dental needs.

There was a procedure for responding to patients' complaints and this information was clearly visible for patients attending the practice. Information on the fees for both private and NHS treatment was clearly displayed.

The practice had made reasonable adjustments to enable access to the practice which was wheelchair accessible. The staff knew their patient population well and would make any necessary arrangements for patients who required a chaperone or for whom English was not the first language.

## Are services well-led?

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

Leadership at the practice was provided by the principle dentist. The governance arrangements such as policies and procedures for the practice were well organised and effective. All staff had a good understanding of these. The culture of the practice encouraged openness and the team worked closely to support each other. Staff commented that they felt listened to and that their learning needs were supported. The practice actively sought feedback from staff.

The practice shared learning through formal team meetings and a structured plan was in place to audit quality and safety.

The practice ethos focussed on providing patient centred care and patient feedback was sought verbally and through utilising the NHS Friends and Family Test (FFT).

No action



# Pagham Dental Surgery

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 8 December 2016 by a CQC inspector who was supported by a specialist dental advisor.

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

During the inspection, we spoke with the principle dentist, a dental nurse and a receptionist who performs a dual role as a dental nurse. We reviewed policies, procedures and other documents. We also reviewed 39 comment cards that we had left prior to the inspection, for patients to complete,

about the services provided at the practice. We obtained the views of five patients on the day of the inspection. We carried out a tour of the practice observing the decontamination procedures for dental instruments. We looked at the storage of emergency medicines and equipment. We were shown the systems which supported patients' dental care records.

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 an effective system for the reporting of and learning from serious incidents. All staff we spoke with had a good understanding of the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013. All staff were clear in the actions they should take should a serious incident happen at the practice.

The practice had a significant events and accident reporting policy which were reviewed in April 2016. We saw the practice accident book. No accidents had occurred within the last year.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). We were informed that these would be shared with staff at team meetings to ensure that all staff members had knowledge of any alerts applicable to dental care.

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

The practice had very organised and effective safety systems and processes; and was proactive in its approach to preventing risk. The practice had a thorough health and safety risk assessment and all necessary policies and procedures were regularly updated.

The practice policy for the prevention and management of blood-borne virus exposure was reviewed in November 2016. We spoke with the principle dentist about the prevention of needle stick injuries. They told us that the practice resheathed needles in an appropriate manner and that needles were disposed of manually. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice had a sharps risk assessment which was reviewed in November 2016. Used sharps containers were collected by an appropriate waste disposal company.

We asked the principle dentist how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed guidance issued by the British Endodontic Society in relation to the use of a rubber dam

where practically possible. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work.

The principle dentist acted as the safeguarding lead and as a point of referral should a safeguarding issue be encountered. A policy was in place for staff to refer to which contained the necessary contact details and protocol should a member of staff identify a person who may be the victim of abuse or neglect. The policy had been reviewed in the last 12 months. Staff demonstrated a good understanding of safeguarding issues and the protocols to follow. Training records showed that the principle dentist was required to complete further safeguarding training. We received evidence following the inspection that this training had been completed.

The practice had considered the risk of fire and a fire risk assessment had been completed by an appropriate company. Information on fire evacuation procedures was visible in the patient reception and waiting area. Fire extinguishers were situated at appropriate locations and had been serviced within the last 12 months. Staff were aware of the evacuation procedures to follow.

### Medical emergencies

The practice had appropriate arrangements to deal with medical emergencies and the medical emergencies policy had been reviewed in April 2016. All staff were up to date with their medical emergencies training and when asked were confident in how they would deal with a medical emergency. The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The practice had access to emergency oxygen and all other equipment as set out in the Resuscitation Council UK guidelines and this location was known by all staff. The working conditions of the oxygen cylinder were checked as per the guidelines. All emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with common medical emergencies in a dental practice were present and were in date.

# Are services safe?

The practice had a system for checking the stock and expiry dates of medicines and for checking the servicing requirements of the oxygen cylinder and AED. Logs for these checks were seen.

## Staff Recruitment

The staff structure consisted of one dentist, a hygienist, a dental therapist and one qualified nurse. One receptionist was also a qualified nurse and provided cover when needed.

All clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a structured recruitment process and a recruitment policy which had been updated in April 2016. The policy detailed the checks to be undertaken before a person started work and conformed to regulatory guidance. These included proof of identity, establishing the right to work in the United Kingdom, professional body registration, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and obtaining references. However, the practice had not obtained the required number of references for one member of staff but this information was sent to us following the inspection.

All necessary staff had received a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carries out checks to 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.

## Monitoring health & safety and responding to risks

The practice had thorough and effective arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. This was updated with new risk assessments as required. The practice had an up to date business contingency plan with reciprocal arrangements for a local practice, should this be required.

## Infection control

There were effective systems to reduce the risk and spread of infection within the practice. The practice had an infection control policy in line with HTM 01 05 (national guidance for infection prevention control in dental practices) which had been reviewed within the last 12 months. An infection prevention audit was carried out on a six monthly basis.

We found that all treatment rooms, waiting and reception and toilet were very clean, tidy and clutter free. Dirty to clean zones were clearly defined in all treatment rooms. Each treatment room had the appropriate personal protective equipment available for staff to use. This included protective gloves, masks, aprons and eye protection.

A dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments. Instruments were manually cleaned then inspected under a light magnification device and then placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were then packaged and date stamped until required in accordance with HTM 01-05.

We were shown the systems to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

A company was employed to carry out the environmental cleaning of the premises and a cleaning rota was seen. Environmental cleaning schedules reflected this. The practice cleaning plan was reviewed annually and the environmental cleaning followed national colour coding scheme on the cleaning of health care premises.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Clinical waste was kept in separate locked containers with all necessary risk assessments having been completed. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice employed a recognised healthcare waste contractor to remove clinical waste from the practice. Consignment notices for this were seen.



# Are services safe?

We saw that a Legionella risk assessment had been carried out at the practice in May 2016. Dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Water temperature had been recorded on a weekly basis as per the recommended procedures outlined in the risk assessment; and digitally logged. These measures ensured that patients and staff were protected from the risk of infection due to Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

We saw that the practice had a suitable amount of instruments. All instruments labelled as single use were used once and discarded appropriately. The practice had plenty of personal protective equipment (PPE) available such as protective gloves, masks and eye protection as per its PPE policy.

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, we saw records that all necessary tests were being carried out on the autoclave. We saw maintenance and service certificates for all essential equipment. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing (PAT) had been carried out within the last 12 months.

The practice had emergency medicines in line with the Resuscitation Council UK guidelines. These were all in date and stored in a location known to all staff.

We saw that the practice had suitable equipment to deal with minor first aid problems and bodily fluids and mercury spillage safely in line with the practice policies.

## Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR 1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER 2000). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary records relating to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs, and a copy of the local rules. The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient; and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely. The Health and Safety Executive (HSE) notification was missing from the file but this was sent to us following the inspection. The X-ray units were contracted for safety and performance checks with an approved company.

We saw training records that showed one member of staff had not completed the necessary radiography training to maintain their knowledge under IRMER 2000 and IRR 1999 regulations. All other staff were up to date with the required training. We received documents following the inspection that this training had been completed. A radiography audit had been carried out within the last year. This demonstrated that staff were justifying, reporting on and quality assuring their X-rays as well as documenting the outcome for the patient. The practice had recently upgraded its X-ray equipment to reflect its commitment to assuring the quality of its dental care.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the principle dentist on the day of our inspection. They told us that their consultations, assessments and treatments were carried out in line with recognised professional guidance. The practice was committed to providing a high standard of dental care to patients.

The dentist started the patient assessment by reviewing the patient's medical history. This included noting any medical conditions suffered, medicines being taken and any allergies the patient had. They then examined the patient's teeth, gums and soft tissues and signs of oral cancer were checked. The dentist carried out a periodontal examination which included using screening tools such as the Basic Periodontal Examination (BPE) and a caries risk assessment. These are widely used tools to assess the risk of dental decay and conditions of the gums. These findings together with the findings of any X-rays taken would then be used to determine at what intervals patients would need to attend for further checks and screenings. Recall intervals were based on patients' clinical needs and followed National Institute for Health and Care Excellence (NICE) guidelines.

The practice had a clear record keeping policy which was updated in April 2016. The policy gave details of the information which clinicians were required to record and this was in accordance with guidelines issued by the General Dental Council. However, we saw evidence in patients' dental care records that clinicians did not always comply with the policy. The results of the risk assessments were not always documented and the recall time was not seen in all dental care records reviewed on the day. Records showed that treatment options and any treatment plans were discussed with patients. It was also documented if any procedures were carried out and any materials used with post-operative instructions. The medicine type and dose was documented in patients' dental care records. Consent was obtained verbally at each appointment but not always recorded in the patients' dental care records. We brought these findings to the attention of the provider who informed us that they would make immediate changes to their record keeping; in order to comply with their policy and GDC guidelines.

### Health promotion & prevention

The provider worked very hard to encourage the prevention of dental disease and the maintenance of good oral health. Additionally, the provider was focussed on encouraging adherence to dental advice and helped patients to stabilise their dental hygiene. The practice appointed a dental hygienist to work alongside the dentist to facilitate this. The practice had a prevention procedures policy and was committed to adopting the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Where relevant, preventative dental information such as general oral hygiene instructions and brushing technique advice was given. Patients commented that they were given helpful preventative advice and we saw evidence of this in the dental care records we reviewed. We saw evidence in patients' dental care records that clinicians provided dietary advice as well as advice on smoking cessation and reducing alcohol consumption. A range of oral health products were sold in the practice to maintain healthy teeth and gums.

### Staffing

The practice employed a principle dentist, a hygienist, a dental therapist and one qualified nurse. One receptionist was also a qualified nurse and provided cover when needed. There was an induction programme for new staff members. Staff were encouraged to maintain their own records of continuing professional development (CPD), confirmation of General Dental Council (GDC) registration and current professional indemnity cover where applicable.

The feedback we received from patients via the comments cards and information obtained on the day reflected that patients had confidence and trust in the clinicians. All staff reported that they felt the practice had the right level of staff to meet its patients' needs.

### Working with other services

The dentists explained to us how they would work with other services. We saw that there was a good referral process to primary and secondary services in Sussex. The referral details were recorded and evidence was seen of referral letters to specialists and copies given to patients.

# Are services effective?

(for example, treatment is effective)

We saw evidence that the referrals were tracked and recall time frames followed those set out in National Institute for Care Excellence (NICE) guidelines. Most referrals were electronic.

## **Consent to care and treatment**

The practice had a consent policy which was reviewed in April 2016 but the procedures were not being followed. We spoke to the principle dentist who told us that consent was gained verbally at each dental appointment. We reviewed patients' dental care records and found that consent was not always documented. We brought this to the attention of the provider who will review their systems to ensure that this information will be documented at each appointment. We saw evidence that the dentist explained individual treatment options, risks, benefits and costs in a thorough manner.

Staff demonstrated an understanding of the principles of the Mental Capacity Act (MCA) 2005. We saw evidence in the staff records of attendance at MCA training. Staff told us how its guidelines would influence their work with patients who may suffer from any mental impairment that may mean they might be unable to fully understand the implications of treatment.

Staff were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. 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 practice's consent policy had been reviewed in April 2016.

Clear information on any costs of treatment was available in the patient waiting area.

# Are services caring?

## Our findings

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

Before our inspection, Care Quality Commission (CQC) comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also obtained the views of five patients on the day of the inspection. We received feedback from 44 patients which provided a very positive view of the service the practice provided. Patients told us that the care they received was very gentle but thorough. They described the staff as friendly, helpful and reported that they felt listened to. During the inspection we observed staff in the reception and waiting area. Staff were observed to be polite, friendly and provided a welcoming and relaxed greeting.

The practice confidentiality and data protection policies were updated in November 2016 and we saw evidence that staff complied with these. A copy of the policy was visible in the patient waiting and reception area. As the premises

were small the reception area and waiting area were shared. This meant that overhearing conversations was unavoidable but always managed in professional manner. Treatment doors were kept closed so that patients' privacy was maintained. Computers were password protected and regularly backed up. The reception computer screen was not visible to patients. Paper records were stored in lockable cabinets.

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

We saw evidence in the dental care records we looked at that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started. We saw that clear information was given to patients on any fees applicable and was also visible in the patient waiting area. In feedback we received from patients they told us that treatment was explained thoroughly and that they were given time to think about any treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

During our inspection we found that the practice was well equipped to treat patients and meet their needs. It had recently undergone a modernising refurbishment which included the purchasing of new X-ray equipment to enhance the quality of X-rays taken.

The practice understood its patient population well and worked hard to stabilise patients' dental problems. Patient recall reflected need. The practice had a well organised booking system with no evidence of overbooking. This included dedicated daily emergency appointments allowing patients in pain to be seen the same day. The dentists decided how long a patient's appointment needed to be and took account of any circumstances which may have impacted upon the length of time needed such as patient nervousness or complexity of treatment. In feedback to us patients commented on the ease of getting an appointment if they were in pain.

The practice waiting area clearly displayed information on opening hours, out of hour's access, complaints and the fees for private and NHS treatment.

### Tackling inequity and promoting equality

Staff at the practice told us that they worked to ensure equality of the services they provided to their patients. The practice had an equality, diversity and human rights policy which was reviewed in April 2016. The practice was wheelchair accessible via a small lip over the threshold. All treatment rooms were located on the ground floor and

accessible to all patients. The staff knew their patient population well and would make any necessary arrangements for patients who required a chaperone or for whom English was not the first language.

### Access to the service

The practice was open Monday to Thursday 9am to 5pm. A hygienist was available on Friday from 9am to 4pm and appointments for the dentist on Friday were by appointment only. Out of hours was provided by the Surrey and Sussex area team, the contact details of which were available on the practice answerphone when the practice was closed.

The practice told us that they would arrange to see a patient on the same day if they were in pain or if it was considered urgent. The practice did not have a website but patients were able to access information on opening hours and the out of hour's service by ringing the practice and through the telephone answering message when the practice was closed.

### Concerns & complaints

The practice had a clear complaints policy and procedure which was reviewed in April 2016. This set out how complaints would be addressed, who by and the time frames for responding. The contact details for external agencies such as NHS England and the Dental Complaints Service were also provided. Information for patients about how to make a complaint was seen in the waiting area.

The practice had one complaint within the last year which was currently under investigation. All aspects had been investigated as per the practice complaints procedures.

# Are services well-led?

## Our findings

### Governance arrangements

The principle dentist was responsible for the day to day running of the practice. We found that the governance arrangements for the practice were organised and effective. All necessary policies were in place and reviewed regularly. All of the staff we spoke with were aware of the practice policies and procedures and there were processes in place to ensure that all staff were made aware of any updates.

The practice had a clear business contingency plan which contained the details of reciprocal arrangements in place with another practice.

The practice had a clear governance policy which included such details as staff roles, staff development, confidentiality and practice safety.

### Leadership, openness and transparency

Leadership was provided by the principal dentist. The practice ethos focussed on understanding the needs of the practice patient population and providing patient centred care in a relaxed and friendly environment. The culture of the practice encouraged candour. It was evident that the staff were happy working at the practice and worked as a close team. Staff told us that communication between management and staff was very open and transparent. Staff we spoke with said that they felt listened to and supported in their roles and comfortable and confident to raise any concerns they may have, but that they rarely had any concerns.

The practice had necessary policies relating to duty of candour and whistleblowing and staff we spoke with were aware of processes to follow.

### Learning and improvement

The practice organised an induction programme for new staff members. This was structured and thorough. We reviewed staff training records and found that continuing professional development (CPD) training for most staff was

maintained in line with the practice CPD and training policy and General Dental Council regulations. One member of staff was required to complete safeguarding training and we received evidence of its completion following the inspection. Individual staff had responsibility to maintain their own CPD but the practice kept formal learning logs for each staff member whereby staff were encouraged to formally reflect on their learning. The practice carried out annual appraisals of its staff and utilised personal development plans although some appraisals were out of date.

The practice held formal staff meetings where minutes were taken. We saw evidence that meetings were used to share any feedback that had been received from patients, to discuss any complaints or incidents and how the practice could learn from these and how improvements to the running of the practice could be implemented. There was evidence that the practice reviewed its work and strived to make improvements where possible.

The practice had a structured plan in place to audit quality and safety and was carrying out all necessary audits. We saw evidence that for all audits a clear action plan was in place in order for the practice to learn and improve.

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

The practice was committed to assuring quality and sought feedback from its staff through a yearly staff satisfaction survey. Results found that staff confidence in the practice; and communication amongst the practice staff was high. Staff we spoke with reported feeling happy and confident to provide feedback to the principal dentist. They told us that this was acted on quickly.

The practice undertook the NHS Friends and Family Test (FFT). This is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. The practice did not display the results of the FFT and will review this.