Mr. Naser Zargarian

Cleeve Dental Surgery

Inspection Report

9A Millier Road
Cleeve
Bristol
BS49 4NL
Tel: 01934 835753
Website: www.cleevedentalsurgery.co.uk/

Date of inspection visit: 16 March 2016
Date of publication: 27/04/2016

Overall summary

We carried out an announced comprehensive inspection on 16 March 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

Cleeve Dental Surgery is centrally located in Cleeve, Bristol, and is easily accessible for patients who live in North Somerset and surrounding areas. It has two dental treatment rooms, one on the first floor that is used occasionally by the hygienist, the other on the ground floor that is used by the dentist.

There is free parking on-site or on the nearby roads, but no disabled parking bays on site. The practice provides mostly NHS dental treatment to adults and children. It also provides a number of additional private treatments such as cosmetic crowns, and dental implants.

The practice employs one dentist, who is the principal dentist. There is one hygienist. They are supported by one dental nurse, who is also the practice manager, one trainee dental nurse and one full-time receptionist. The practice is open from Monday to Thursday between 9:00 am and 5.30 pm; and on Friday between 9:00 am and 1:00 pm. Emergency appointments are available from 12:00 pm to 2:30 pm each day via 111, and for the surgery's own patients.

The practice's premises were purchased in 2003 and consist of two large treatment rooms on the ground floor, a patient waiting area, a decontamination room, and a staff room.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Although we did not speak to any patients during our inspection, we invited the practice to offer any patients who wished to do so, the opportunity to speak to us on the telephone about their experience. We received 15 comment cards that had been completed by patients prior to our inspection, all of which contained extremely positive comments about the practice. Patients told us that they were very happy with the quality of the dental care they received; that staff were professional and caring, and that the practice's hygienist had helped them manage and reduce their gum disease.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- Patients' care and treatment was planned and delivered in line with evidence-based guidelines, best practice and current legislation. Patients' dental care records provided an accurate, thorough and contemporaneous record of patient care.
- There was an effective system in place for reporting and recording significant events, and learning from them was shared widely with staff.
- Safeguarding patients was given high priority within the practice, and staff responded quickly and professionally to concerns raised.
- Infection control and decontamination procedures were robust, ensuring patients' safety.
- Staff had an understating of the Mental Capacity Act (2005) and the importance of gaining patients' informed consent.
- Patients received their care and treatment from well-trained and supported staff, who received regular appraisal and observation of their performance. Staff enjoyed their work citing good team work, support and training as the main reasons.
- The practice was well-led, with good governance and management procedures in place.

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

- Review and update the information recorded on the NHS Choices website to ensure there is clear information about Cleeve Dental Surgery's out-of-hours provision for patients.
- Review staff training to ensure that all staff attend Mental Capacity Act Training, to better support their own professional practice, and to ensure the rights of patients are respected and responded to appropriately.
- Review the storage of all rubber dam kits and dental hand pieces to ensure that the storage of these instruments reflects the changes in the 2013 edition of HTM 01 05.

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.

There was a robust system in place for reporting and recording of incidents, and learning from them was shared widely. Risks had been identified and control measures put in place to reduce them. Safeguarding patients was given high priority within the practice and staff responded swiftly to concerns. Infection prevention and control was good, and medicines were managed well. Records showed that the equipment was in good working order and was effectively maintained.

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 dentist was aware of any health or medication issues which could affect the planning of treatment. Arrangements were in place to manage medical emergencies and staff regularly rehearsed scenarios to keep their skills up-to-date. 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.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence-based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately. Good information was available to support patients' oral hygiene.

Staff had the skills, knowledge and experience to deliver effective care and treatment and clinical audits were completed to ensure patients received effective and safe care. The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff had a good understanding of the Mental capacity Act and how it affected their work with patients, although no formal training had taken place.

Are services caring?

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

Patients spoke very highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially.

Are services responsive to people's needs?

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

Summary of findings

Appointments were easy to book and appointment slots for urgent appointments were available each day for patients experiencing dental pain. There was an easily understood, well publicised and accessible complaints procedure to enable patients to raise their concerns. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Are services well-led?

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

The management of the practice was focused on achieving high standards of excellence and improving outcomes for patients. Patients' rights, health and best interests were safeguarded by robust policies and procedures which were consistently implemented and reviewed. Record keeping was excellent in all areas. There was a clear and effective leadership structure and staff were well supported in their work. The practice pro-actively sought feedback from its patients and staff which it acted on when the need arose. The practice conducted patient satisfaction surveys and undertook the NHS Friends and Family Test (FFT).

Cleeve 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 took place on 16 March 2016 and was led by a CQC inspector who was supported by an Inspection Manager, and a specialist dental advisor. We informed the 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 the dentist, the practice manager (who is also the dental nurse), the trainee dental nurse and the receptionist. We received feedback from patient surveys completed by 31 patients, as well as comment cards, completed by 15 patients, about the quality of the service. We reviewed policies, procedures and other documents relating to the management of the service. 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 procedures in place to investigate, respond to and learn from serious incidents, accidents and complaints. Staff we spoke with had a clear understating of RIDDOR requirements and of the practice's own reporting procedures. Although incident recording forms were not available to download on the practice's computer systems, they were available in the staff room, making them easily accessible. Any accidents or incidents would be reported to the practice manager, and would be discussed at staff meetings in order to disseminate learning. The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

We viewed records in relation to a recent incident and noted that it had been recorded in detail, along with the action taken in response by staff. The practice manager signed-off the incident to ensure it had been managed effectively**.** One incident described where a patient with mental health difficulties could not fully understand her treatment plan. This was discussed to ensure that learning was shared from the event. We reviewed the minutes from the following staff meeting and confirmed that this event was placed on the agenda and discussed. However action from it had already been implemented; the dentist now checked that all patients with a mental health alert on their notes had their medical history forms filled in appropriately, and verbal assurances gained that the patient had fully understood the treatment explained.

Reliable safety systems and processes (including safeguarding)

Robust and effective arrangements were in place to safeguard children and vulnerable adults from abuse, and reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Contact numbers for the agencies involved in protecting people were clearly on display in the staff room making them easily accessible.

The practice made clear in its patient information leaflet that it would report any safeguarding concerns to the appropriate authority.

Safeguarding training took place each year for all staff, and was an agenda item at the monthly practice meetings. The dentist and practice manager had level 2 safeguarding training and the practice manager told us she was due to undertake level 3 training as she was the lead for the practice. Staff understood their responsibilities in relation to safeguarding, and were aware of the different types of abuse a vulnerable adult could face. Staff were aware of external agencies involved in protecting children and adults and the practice manager knew of the social services timescales for responding to safeguarding referrals. We discussed an occasion where a patient was referred to the local safeguarding team and this had been done in line with the practice's policy.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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 dentist we spoke with confirmed that they used rubber dams as far as practically possible. We found that the rubber dam kits and hand pieces were not stored in individual pouches. The provider should review the storage of all rubber dam kits and dental hand pieces to ensure that the storage of these instruments reflects the changes in the 2013 edition of HTM 01 05.

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 dental care records was securely stored in locked cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies, in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Records showed that all staff had received regular training in basic life support. Emergency equipment, including oxygen and an Automated External Defibrillator (AED) was available. 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. Records confirmed that it was checked daily by staff.

Emergency medical simulations were regularly rehearsed by staff at the practice's monthly meetings so that they were clear about what to do in the event of an incident. For example, at the January 2016 meeting, staff practiced responding to a suspected heart attack or when a patient faints.

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked daily to ensure they were within date for safe use.

Staff recruitment

We reviewed the recruitment files and found that all appropriate checks had been undertaken for staff prior to their employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. However, interview notes were not kept and a scoring system was not used to ensure consistency and fairness when recruiting potential staff. All qualified clinical staff at this practice were 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).

All staff underwent an induction when they started working at the practice to ensure they had the knowledge and skills for their role. We spoke with one recently recruited member of staff who told us their recruitment had been thorough and the training, induction and support they had received so far had enabled them to perform their role.

Monitoring health & safety and responding to risks

We looked at a sample of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These covered a wide range of areas including sharps management, fire safety and dental materials. Risks had been clearly identified and control measures put in place to reduce them. A legionella risk assessment had been carried out and there was regular monitoring of water temperatures to ensure they were at the correct level. Regular flushing of the water lines was carried out in accordance with current guidelines, at the start and end of each day, and between patients to reduce the risk of legionella bacteria forming. The practice manager conducted a daily (and recorded) walk around the practice to check on fire. safety. In addition to this, she also conducted monthly walks around the practice to check on a range of health and safety matters.

We noted that there was good signage throughout the premises clearly indicating the fire exit, the location of emergency medical equipment, and X-ray warning signs.

We viewed evidence in relation to health and safety including hazardous waste, electrical installation and portable appliance testing which showed that the practice maintained a safe environment for staff and patients. There was a comprehensive file relating to the Control of Substances Hazardous to Health (COSHH, 2002) regulations in place, containing chemical safety data sheets for products used within the practice.

The practice had a comprehensive business continuity plan in place for incidents such as power failure or building damage. This was kept on site to ensure it could be accessed in an emergency.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice manager was the lead for infection control, and 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)'.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and treatment rooms. Toilets were clean and contained liquid soap and paper towels. We checked all treatment rooms and surfaces including walls, floors and cupboard doors. These were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be easily cleaned. There were foot-operated bins and personal protective equipment available to staff to reduce the risk of cross infection.

Are services safe?

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely in a secure area at the back of the practice prior to removal. Cleaning materials were stored safely, with a separate locker for each type of colour-coded equipment, to ensure there was no cross-contamination.

All staff had received detailed training in infection prevention and control, and had been immunised against Hepatitis B. The dentist's uniform was soiled and he told us that he was due to change it. However, we noted that staff uniforms were generally clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. Staff wore appropriate personal protective equipment when treating patients including visors, masks and gloves. We observed a trainee dental nurse as she correctly disinfected all areas where there had been patient contact following their consultation.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05) - Decontamination in primary care dental practices. Dental instruments were cleaned and sterilised in line with this published guidance. On the day of our inspection, the dental nurse demonstrated the complete cycle of decontamination, and used the recommended procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. The practice used special boxes with locked lids to transport contaminated instruments to the sterilisation suite.

Records showed a risk assessment process for Legionella had been carried out in July 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, the use of a water-conditioning agent and also quarterly tests on the water quality to ensure that Legionella was not developing. The risk assessment stated that water temperatures should be taken when the weather was hot.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Portable Appliance Testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Staff told us they had suitable equipment to enable them to carry out their work, and a new dental chair had recently been purchased for the practice. Equipment we viewed was in good condition and fit for purpose.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. We checked a small sample of anaesthetics kept in treatment rooms and the stock room and found they were in date and safe for use. The hygienists had appropriate patient group directions in place to allow them to administer local anaesthetics. Staff were aware of MHRA alerts but not of the yellow card scheme to report any adverse medication reactions.

Blank prescription forms were stored securely, logged and tracked through the practice in line with national guidance to prevent their misuse.

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 and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and only by qualified staff. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were displayed in each treatment room. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-ray findings and grade. This protected patients who required X-rays as part of their treatment.

The dentist carried out regular audits of the quality of their X-rays which were then checked by the practice manager to

Are services safe?

ensure consistency. 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

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Dental care records we viewed contained a comprehensive written patient medical history which was updated on every examination. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to the patient. Our discussions with the dentist and nurses showed that that they were aware of, and worked to, guidelines from the National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. Appropriate action had been taken for patients with serious gum disease.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, and the quality of dental radiographs

Health promotion & prevention

There were leaflets in the waiting room, giving patients information on a range of dental health topics including mouth cancer, tooth sensitivity and smoking cessation. A number of oral health care products were available for sale to patients including interdental brushes, toothpaste and floss. Free samples of toothpaste were available at the reception desk for patients to take.

We found a good application of guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Patients were asked about their smoking and drinking habits as part of their medical history, and during their consultations.

Staffing

There was a stable and established staff team at the practice, one of whom had worked there for a number of years. Staff told us there were enough of them to maintain the smooth running of the practice, and that the dentist and hygienist never undertook any work without the presence of a dental nurse.

Files we viewed demonstrated that staff were appropriately qualified, trained and where required, had current professional validation. We viewed the practice's training logs which showed that staff had undertaken a range of training including infection control, safeguarding, oral screening, communication, complaints' handling and information governance.

All staff received an appraisal of their performance each year in February. We viewed a number of appraisals which were comprehensive and staff performance was assessed in relation to their clinical knowledge, time management, communication skills and team work. Staff told us they found these appraisals useful. The practice manager also undertook direct observations of staff's working practices to ensure they met required standards.

Professional registration, insurance and indemnity checks were undertaken each year to ensure dental clinicians were still fit to practice and the practice had appropriate Employer's Liability in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment itself, and where this was in the patient's best interest. An urgent referral including a suspected malignancy would be fast-tracked to ensure the patient received timely care and treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required, and then stored in the patient's dental care records.

Consent to care and treatment

Patients we spoke with told us they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Dental records we viewed demonstrated clearly that

Are services effective?

(for example, treatment is effective)

treatment options, their costs, and potential risks and benefits had been explained to patients in some depth. The practice had a range of treatment information leaflets that could be downloaded from its computer. These could be provided for patients, to further aid their understanding about the different options available to them.

Staff we spoke with had a thorough understanding of the Mental Capacity Act (MCA) 2005 and its relevance in obtaining patients' consent, although no formal training had been undertaken. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Evidence of patient consent had also been recorded, and staff were aware that this consent could be removed at any time by the patient. Specific consent forms were used for a number of treatments including implants, extractions and tooth whitening.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Prior to the inspection we sent out comment cards to the practice, so that patients could tell us about their experience. We collected 15 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. Patients told us that staff were good at making them feel relaxed during their treatment, and reassured them when they felt anxious.

We spent time in the reception area and observed a small number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good, and staff were consistently helpful, friendly and professional to patients both on the phone and face-to-face.

The main patients' waiting area was in the same room as the reception desk, meaning that when reception staff were on the phone or dealing with patients, a degree of privacy was lost. Staff talked knowledgeably about the ways that they tried to ensure patients' confidentiality. For example, by ensuring they asked for a patient's date-of-birth, rather than their name; by only sharing information with patients themselves and not people claiming to be their relatives; and by taking patients to a private area within the practice if they wanted to speak confidentially.

Computers were password protected and patients' dental care records were computerised. Practice computer screens were not overlooked which ensured patients' information could not be viewed at reception. All consultations were carried out in the privacy of the treatment rooms. The practice operated a zero entrance policy during consultations so that patients' privacy was maintained.

Involvement in decisions about care and treatment

Patients we spoke with told us their dental health issues were discussed with them and that they felt involved in decision-making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also very positive and aligned with these views.

There were information leaflets available in the waiting room outlining different treatments which were available. There was a poster in the waiting room displaying the NHS charges associated with treatment. We were told that the cost of any private treatment would be discussed with the patient prior to undertaking the treatment.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options available to them. A range of information leaflets about fillings, root canal treatment and extractions could be printed off and given to patients to help them better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available about appointments on the practice's website and also in its patient information leaflet. This included opening times, details of the staff team and the services provided. The practice was open from Monday to Thursday 9:00 am to 5:30 pm, and Friday 9:00 am to 1:00 pm, although its out-of-hours service was not well publicised. Appointments could be booked in person, by telephone or via email. Staff told us that each dentist held two to three slots open every day, between 12 noon and 1:30 pm to accommodate patients who needed an urgent appointment. Comments on the comment cards indicated that it was easy to get an appointment with the practice. We found that the provider should review and update the information recorded on the NHS Choices website to ensure there is clear information about Cleeve Dental Surgery's out-of-hours provision for patients.

In addition to general dentistry, the practice also offered some private services including veneers, white fillings and dental implants. A hygienist also worked at the practice to support patients with treating and preventing gum disease.

Tackling inequity and promoting equality

The practice had a robust equality and diversity policy to support staff in understanding and meeting the needs of all patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included ground floor access to the premises. The surgeries were large enough to accommodate a wheelchair or a pram.

Reflecting the almost exclusively white, English speaking patient population, the surgery did not have translation services available. However, the surgery assured us that these services would be available to patients if needed. Information about the practice was not available in audio format for the hearing impaired, but would be made available if necessary.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timeframes in which complaints would be responded to, and also listed external agencies that patients could contact if they were not satisfied with the practice's response.

Staff had received specific training in managing complaints and showed a good knowledge of the practice's procedures. Patients' complaints were a standing agenda item at the practice's monthly meetings. We noted that a complaint relating to dental charges had been discussed in the September 2015 meeting, along with action needed to ensure that patients better understood them.

We viewed the practice's paperwork in relation to the one recent complaint it had received. We noted that it had been recorded in detail, investigated thoroughly and a written and empathetic response had been sent to the patient. In this case, the full cost of treatment had been refunded. This assured us that the practice took patients' complaints seriously. However, information from NHS Choices indicated that a number of items of concerns and/or complaints had not been responded to by the practice in a timely fashion. The practice manager assured us of their full attention to this matter.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the day-to-day running of the practice and was fully supported by the practice team. There was an established leadership structure within the practice, with clear allocation of responsibilities amongst the staff. For example the practice manager was the lead for infection control and for safeguarding patients. Staff we spoke with were all clear about their individual roles and wider responsibilities.

The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed a sample of these which were comprehensive, dated, and monitored as part of the practice's quality assurance process. Staff understood and had access to the polices.

Communication across the practice was structured around a monthly meeting involving all staff. This was the key forum for rehearsing medical emergency simulations, and discussing health and safety incidents, safeguarding and patient feedback. Minutes of these meetings were detailed and staff were invited to submit their own agenda items each month.

We found that the standard of record keeping across all areas was excellent and the practice maintained all the records required for the protection of patients and the efficient running of the service. The practice completed an information governance toolkit every year to ensure it was meeting its legal responsibilities for how it handled patient information. It had scored 100% in March 2015, indicating it managed patients' information well.

In addition to a number of regular audits for radiography, infection control and dental records, the manager completed daily and monthly checks of the service, to ensure it complied with fire, and health and safety legislation.

Leadership, openness and transparency

The practice manager was experienced, well trained, knowledgeable and effective in their role, and met regularly with other local practice managers to share learning and best practice**.** Minor shortfalls we identified during our inspection had been acknowledged with a firm commitment to rectify them. Staff told us the manager was supportive and provided additional coaching to assist the trainee dental nurse to pass their exams.

Staff clearly enjoyed their work citing good team work, support and access to training as the main reasons. They reported there was a very open culture within the practice, and that they had the opportunity to raise and discuss any concerns. They reported that the practice manager and dentist were both very approachable.

The practice whistle-blowing policy was available in the staff room and listed a point of contact within the practice for staff to raise any concerns, and information about external organisations. In addition, there was advice from the General Dental Council on how to report a dental health professional. The practice manager was fully aware of the requirements of the Duty of Candour and there was a specific procedure to ensure the practice met its obligation in relation to this.

Learning and improvement

All the staff we spoke with felt supported by the practice and reported that they were encouraged to develop their knowledge and skills by booking into courses arranged by the local postgraduate deanery, among other organisations. The trainee dental nurse told us she had been actively encouraged to undertake a once-monthly course at her local college.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, infection control and the quality of clinical notes. Results were actively shared with staff to aid learning and effect improvements.

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

The practice encouraged and valued feedback from patients. A suggestion box was available in the waiting area with a form for patients to complete. Every three months, patients were encouraged to complete a satisfaction questionnaire which asked them to comment on the quality, of the practice's appointment system, its cleanliness, the dental advice given and the helpfulness of staff. These questionnaires were regularly reviewed at the practice's monthly staff meetings and the findings used to improve the service. The results were also on display in the

Are services well-led?

patients' waiting area, along with action the practice would take in light of patients' suggestions. To date, the high level of patient satisfaction with the service has meant no suggestions have been forthcoming or acted upon. The practice also participated in the Friends and Family Test and the most recent results showed that patients were highly likely to recommend the practice.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. We were given many examples from staff where managers had listened to them, and implemented their suggestions to improve the service. For example, one staff member had suggested the need for more question prompts to identify patients with learning difficulties, and this had been acted upon.