

# Mr Guy Atherton

# The Brace Place

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 19 January 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 Brace Place is an orthodontic dental practice based in Crosshills, North Yorkshire providing a specialist orthodontic service. The treatments, both NHS and private range from fixed aesthetic braces to clear aligner treatments. The service is provided by one orthodontist, an orthodontic therapist, three dental nurses and a receptionist. The practice has a ground floor surgery and a first floor surgery, a reception area, a waiting room on each floor, a decontamination room, an X-ray room and an easy accessible toilet. The staff room and office are located in the basement of the practice.

The practice is open:

Monday, Wednesday and Thursday 09:00 – 17:00

Tuesday 09:00 – 19:30

Friday 09:00 – 14:30

On the day of inspection we received 21 CQC comment cards that had been completed by patients. The two patients and their relatives we spoke with were very positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very polite, flexible, excellent, professional and caring and they were always treated with dignity and respect.

#### **Our key findings were:**

# Summary of findings

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS).
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.

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

- Review the practice audit protocols to document any learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review the recruitment policy in regards to Disclosure Barring Service (DBS) records for all new members of staff.
- Implement an external legionella risk assessment.
- Record fridge temperatures where dental materials are stored.

# 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 that 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. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) guidelines.

We saw staff had received training in infection prevention and control. There was a decontamination area and guidance for staff on effective decontamination of dental instruments.

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.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. However a new DBS check was required for the newest member of staff.

The practice only had an in-house legionella risk assessment that was reviewed annually. There was evidence of monthly water testing taking place however there was not responsible person trained.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to oral hygiene advice.

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment. The patients' dental care records we looked at with the orthodontist included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients' oral health and made adjustments to treatments accordingly.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Staff understood the Mental Capacity Act 2005 and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16. Staff were supported to deliver effective care through training, peer support and practice meetings.

### **Are services caring?**

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

# Summary of findings

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We received 21 CQC comment cards that had been completed by patients. The two patients and their relatives we spoke with were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very polite, flexible, excellent, professional and caring and they were always treated with dignity and respect.

Staff told us there was sufficient time to explain the care and treatment they were providing in a way patients understood. Patients and their relatives confirmed they felt fully involved in their treatment, it was explained to them, and they were listened to and not rushed.

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

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

The practice had an efficient appointment system in place to respond to patients' needs. The registered provider told us allocated emergency slots were available or a patient could attend at the start or end of a session to be seen. Patients and their relatives commented they could access treatment for urgent and emergency care when required and were always seen within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how it managed complaints, for example patients were given an apology if an error was made.

## **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. The registered provider was responsible for the day to day running of the practice.

Staff reported the registered provider was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test. The practice regularly sought feedback from patients in the form of a satisfaction survey in order to improve the quality of the service provided.

The practice held regular staff meetings which were minuted. This gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, patient dental care records and X-rays. However, no action plans or learning outcomes were in place.

# The Brace Place

## 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 carried out on 19 January 2016 and was led by a CQC Inspector and an dental specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents. During the inspection we toured the premises where we observed positive communication and interactions between staff and patients; both face to face and on the telephone within the reception area.

We spoke with one orthodontist, the orthodontic therapist, two dental nurses and the receptionist.

We saw policies, procedures and other records relating to the management of the service. We reviewed 21 CQC comment cards and spoke to three patients who shared their views and experiences of the practice. We also reviewed documents relating to the management of the practice.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered provider told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had one entry recorded in the last 12 months.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received no complaints in the last year, however there was historical evidence that complaints had been processed in accordance to the policy and in a timely manner; they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The registered provider told us they received alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were e-mailed to staff, discussed with staff, acknowledged and signed to say they had been read and actioned and stored for future reference.

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

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered

provider was the lead for safeguarding and was trained to level two. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. The 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.

Some materials and an emergency medicine were stored in the fridge but no evidence of any temperature checks was in place on the day of the inspection. This was brought to the attention of the registered provider on the day of the inspection to implement as soon as possible.

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.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the British National Formulary (BNF) guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked weekly. Emergency medicines were also checked regularly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date.

### Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their

# Are services safe?

skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed all the recruitment files which showed the processes had been followed.

We saw all staff except the newest member 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. This was brought to the attention of the registered provider to resolve as soon as possible.

We saw all staff had their own personal indemnity insurance (insurance professionals are required to have in place to cover their working practice), however some of the certificates were not available on the day of the inspection. 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 risk assessments in place to cover the health and safety concerns that may arise in providing dental services generally; these had been reviewed in October 2015. The practice had a health and safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in October 2015.

The practice did not have a sharps risk assessment in place. However, we saw it used a sharps system which reduces the likelihood of sustaining a needle stick injury. This was brought to the attention of the registered provider to implement and give due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice had maintained a 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. There was no evidence of when this folder had been updated or reviewed; this was brought to the attention of the registered provider to review all material and safety data sheets.

The registered provider showed us there had been a fire risk assessment in July 2015. All equipment had been checked in July 2015. There was evidence a fire drill had been undertaken in January 2016. These, and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a 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. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We discussed with staff appropriate personal protective equipment when working in the decontamination area this included disposable gloves and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lockable boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that it was functioning properly.

We saw from staff records that all staff had received infection control training in at various intervals during 2015.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

# Are services safe?

We saw the sharps bins were due to be replaced as they had been in place for over three months. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The recruitment files we reviewed did not show fully that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last in house legionella risk assessment; discussion to have an external legionella risk assessment took place on the day of the inspection to implement this as soon as possible. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was evidence of water testing taking this included running the water lines in the treatment rooms at the beginning of each session, between patients and monitoring cold and hot water temperatures each month.

## Equipment and medicines

We saw that 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) was undertaken annually. There was also an electrical installation condition report that had been completed in November 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in July 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Medicines used in the provision of conscious sedation were stored securely at the practice to prevent their abuse.

## Radiography (X-rays)

The X-ray equipment was located in the X-ray room and each of the surgeries. X-rays were carried out safely and in line with the local rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machines needed to be operated safely. The local rules were also displayed in each X-ray room. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results from the June- December 2015 audit however we could not see if the results were in accordance with the National Radiological Protection Board (NRPB). Action plans and learning outcomes were not in place to continuously improve the procedure and reduce future risks. This was brought to the attention of the registered provider to review the audit process.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date electronic patient dental care records. They contained information about the patient's current orthodontic needs and past dental history. The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure that the patient was complying with the post-orthodontic care (wearing retainers).

Once the patient and orthodontist were satisfied with the end result of the treatment the patient was referred back to their own general dentist for ongoing dental care.

The patient dental care records we looked at with the orthodontist regarding the orthodontic assessments, treatment and advice given to patients showed the dental care records were comprehensive and included details of the reason for referral, patients concerns, oral health and a full orthodontic assessment. Medical history checks were updated regularly by the patient or the parent/guardian. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

Signed consent was obtained for treatment which included the fee for the treatment if applicable. The proposed treatment was clearly written on the consent forms to ensure that the patient was giving valid consent. We saw evidence in the clinical records that different treatment options were discussed.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure good oral health during their

orthodontic treatment. For example, the practice identified patients at high risk of tooth decay to receive personalised oral health education with the oral health educator. This involved advice about diet, tooth brushing and the importance of maintaining good oral health whilst undertaking orthodontic treatment. Patients were provided with information leaflets to reinforce the importance of maintaining good oral hygiene. Patients and their relatives we spoke with confirmed this.

In situations where a patient's oral hygiene continued to be poor the practice informed them if it did not improve then orthodontic treatment would be stopped because of the high risk of irreversible damage to the teeth.

The practice also kept the patient's own general dentist informed of any issues with poor oral hygiene so they could pay extra attention to the individual whilst they were undergoing orthodontic treatment.

The practice website provided access to a range of patient information, these included care information sheets on treatments. For example, retention information, removable and fixed appliance instruction care sheets.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting 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 personnel files.

Staff training was recorded by the registered provider. Records we reviewed showed that all staff had received training in basic life support, safeguarding children and vulnerable adults and infection prevention and control.

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

# Are services effective?

(for example, treatment is effective)

completed appraisal documents. Staff also felt they could approach the registered provider or practice manager at any time to discuss continuing training and development as the need arose.

Staff told us they had enough staff to help cover period of absence as some staff worked part time and could help cover, for example, because of sickness or holidays.

## **Working with other services**

The practice worked mainly on referrals from general dentists. For example, referrals were received from general dentists who deemed patients in need of specialist orthodontic treatment. The practice kept copies of the referral letter received from the general dentist.

The practice completed detailed proformas to ensure the referring dentist was kept up to date with the progress of the patients' orthodontic treatment and if any general treatment was needed prior to orthodontic treatment commencing, for example extractions or fillings.

The practice followed a two week referral process to refer patients when oral cancer was suspected. Referrals were made in a timely way and letters were stored in the patients dental care records.

## **Consent to care and treatment**

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The orthodontist and orthodontic therapist informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. The practice had a full appointment to discuss all the options and cover consent. Patients were then given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice also gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training and this was reviewed annually. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

We received 21 CQC comment cards providing feedback. The patients who provided feedback were positive about the care and treatment they received at the practice. They

told us they were involved in all aspects of their care and found the staff to be very polite, flexible, excellent, professional and caring and they were always treated with dignity and respect.

A photograph album was available in the waiting areas to show patients before and after pictures of different orthodontic treatment. Music was played in the reception area and surgeries to help relax patients before and during their appointments.

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

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

The practice's website provided patients with information about the range of treatments which were available at the practice.

When treating children, the dentists told us that to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support, staff told us they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered. Information displayed in the reception and waiting area described the range of services offered to patients and opening times.

The practice is open:

Monday, Wednesday and Thursday 09:00 – 17:00

Tuesday 09:00 – 19:30

Friday 09:00 – 14:30

We found the practice had an efficient appointment system in place to respond to patients' needs. The registered provider told us there were allocated emergency slots each day. The practice was close to a secondary school where some of the practice patients had good accessibility to the practice at all times. The practice had an open door policy to help reschedule patient appointments and review and emergency treatment required there and then. Patients confirmed they had sufficient time during their appointment and were not rushed. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients told us the practice was excellent and provided good customer service. The practice offered patients a choice of orthodontist and treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient satisfaction surveys to voice any positive feedback, concerns and needs.

### Tackling inequity and promoting equality

One surgery is located on the ground floor of the building and one on the first floor. The staff said they would change surgeries if the need arose to a patient in a downstairs surgery for continuity of care. Access to the practice was good for all patients.

The practice had equality and diversity policy to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises

to accommodate disabled patients. These included step free access to the premises and accessible ground floor toilet facilities. The practice also had access to translation services for those whose first language was not English. The ground floor surgery was large enough to accommodate a wheelchair.

### Access to the service

The practice displayed its opening hours on the practice website, however this needed updating. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

When treatment was urgent, patients would be seen within 24 hours or sooner if possible; slots were available throughout the day. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. Patients were signposted on the telephone answer machine to an out of hours 111 service.

### Concerns & complaints

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days, the patient was made aware of this. The complaints procedure and other organisations to contact was displayed in the waiting room. There was also information about the complaints procedure on the practice's website.

Patients told us they had no complaints about the service. We saw the practice had received patient testimonials that were very positive on the practice website. Patients commented that they would recommend the service.

The practice had received no complaints in the last 12 months. We found that previous complaints had been recorded and investigated and the complainant had been responded to in a timely manner. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice had effective and organised governance arrangements in place to ensure risks were identified, understood and managed appropriately. The practice used an electronic governance system to monitor areas such as complaints, policies and training. We saw risk assessments and the control measures in place to manage those risks for example, slips, trips and falls, COSHH regulations and X-ray equipment.

There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of radiography, infection prevention and control and record keeping. The patient dental care record audit was last undertaken in November 2015. However, we found that if a clinician was not following the guidance provided by the Faculty of General Dental Practice, an action plan was not formulated to help improve record keeping.

We saw the results of the June - December 2015 X-ray audit where an no action plan and learning outcomes had been identified to continuously improve the procedure and reduce the likelihood of having to retake X-rays. The audit did not show if the results were in accordance with the National Radiological Protection Board (NRPB) guidelines.

The infection prevention and control audit was last completed in July 2015; there was no action plan or learning outcomes in place to help improved areas such as hand washing. This was brought to the attention of the registered provider to review the audit process.

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

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident the practice worked well as a team. All staff were aware of whom to raise any issue with and told us the registered provider was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and ensuring patient safety was part of the practice ethos.

We found the staff were enthusiastic about the services they provided and were complimentary about the provider and the management of the practice.

### Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year, this included information governance, first aid, basic life support, AED use and health and safety. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The registered provider explained the practice had a good longstanding relationship with their patients. The practice participated in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients who completed the test said that they would recommend the practice to friends and family.

The practice had undertaken a patient satisfaction survey; however there was no evidence of when this was reviewed or any analysis of the feedback. A comments box was available in the reception area.