

# IDH Limited

# IDH Bexhill

## Inspection Report

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Date of inspection visit: 2 June 2015  
Date of publication: 03/12/2015

### Overall summary

We carried out a comprehensive inspection of IDH Bexhill on 2 June 2015.

We inspected the practice previously on 18 August 2014 and asked the provider to make improvements regarding record keeping. We checked these areas as part of this comprehensive inspection and found this had been resolved.

IDH (Integrated Dental Holdings) is a national company which operates 600 dental practices across the United Kingdom. The practice provides general dentistry and domiciliary care. The Bexhill practice provides both NHS dental treatment and private dental treatment.

The practice is situated in the centre of Bexhill town. The practice has three dental treatment rooms, a decontamination room for the cleaning, sterilising and packing of dental instruments and a reception and waiting area. All services are provided on the ground floor. The main entrance to the practice is accessible by external steps. Therefore, access is difficult for patients with mobility difficulties.

The practice is open Monday to Thursday 8.30am – 5.00pm and 8.30am – 4.00pm on Fridays. The practice is closed between 1.00pm and 2.00pm.

IDH Bexhill has three dentists and three dental nurses (one of whom is a trainee). The practice manager and clinical team are supported by four receptionists. There

was no hygienist in post at the time of inspection. The practice had additional support from a clinical support manager and a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 13 completed cards. These provided a positive view of the service the practice provides. Patients commented that staff were professional, caring, friendly and polite. Patients wrote that they were listened to and staff made every effort to make suitable appointments. Patients also commented that they felt safe and observed the practice to be clean and hygienic. We also spoke with four patients during our inspection who were highly satisfied of the treatment and support they received at the practice.

We found that the practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

# Summary of findings

- There were comprehensive policies and procedures at the practice; however we found that some were out of date such as infection control and safeguarding children and vulnerable adults.
- The practice had the equipment and medicines they would need in the event of a medical emergency and staff had appropriate training.
- The practice took into account patient feedback, comments and complaints. However, there was no evidence to demonstrate that patient's feedback and comments were used to improve the practice.
- The practice was visibly clean and well maintained.
- Patients were highly satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff received six monthly appraisals and felt well supported by their peers and managers.
- The practice had a robust recruitment and induction process in place.
- Provide a clear audit trail of the actions taken and any improvements made as a result of patient feedback and comments.
- Ensure that all policies and protocols are up to date to reflect current guidelines, along with a robust policy review system. This includes the COSHH file.
- Implement the appropriate segregation and removal of gypsum based on current waste guidelines.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Implement the recording of the justification and quality of any radiographs taken in all patient records.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Ensure that all staff are aware of the requirements of the Mental Capacity Act 2005.

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

# 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 systems in place to assess and manage risks to patients. They had robust processes in place including infection prevention and control, health and safety, staff recruitment, training and the management of medical emergencies.

### **Are services effective?**

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums. The practice manager ensured there were sufficient staff numbers to meet patient needs.

### **Are services caring?**

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with respect and dignity. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection.

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

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

### **Are services well-led?**

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

The practice had systems in place to seek feedback from patients using the service. We observed good support from managers which promoted openness and transparency amongst staff and the delivery of high quality dental care.

# IDH Bexhill

## 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 2 June 2015 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose, a record of complaints within the last 12 months and information about staff working at the practice.

During the inspection we spoke with one dentist, two dental nurses (one of whom was a trainee), two

receptionists, a clinical support manager and the registered manager. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental records.

We reviewed 13 CQC comments cards during the inspection and spoke to four patients who were registered at 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 appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. We looked at examples of accidents and incidents that staff had recorded. Records demonstrated that staff had acted on incidents that had occurred. The practice had an appropriate accident record book and incident policy in place. We were told that reported incidents were sent to head office and discussed at staff meetings when necessary.

We saw evidence that there was recognition of the value of shared learning when things went wrong. There were clear guidelines for staff about how to respond to a sharps injury (needles and sharp instruments). A wall poster in each treatment room clearly described the process to follow in the case of a sharps injury. The practice used dental safety syringes which had a needle guard in place in order for needles to be disposed of safely. This followed recent legislation that safer syringes should be used in dental practices to prevent inadvertent sharps injuries.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

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

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. However, the policies had been written in January 2012 (child protection) and February 2012 (safeguarding vulnerable adults) and there was no evidence that they had been updated since. We saw evidence that updated versions were still in draft form and awaiting ratification. This evidence was sent to us after the inspection.

Staff had a good awareness of who to contact in the case of a safeguarding concern, such as the local safeguarding team. Staff at the practice had attended safeguarding training for adults and children and knew that they had to keep this up to date.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dams for endodontic (root canal) treatment. The

practice showed us that they had rubber dam kits available for use in line with the current guidance. The dentist we spoke with confirmed that they used rubber dams. 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 treatment. We noted that the rubber dams used were latex free to avoid the possibility of an adverse reaction from a patient with a latex allergy.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely at reception. We saw that the emergency kit contained appropriate emergency drugs.

Records showed that checks were made to ensure the equipment and emergency medicine was safe to use. The expiry dates of medicines and equipment were monitored using a daily check sheet which was signed by two members of staff. The medical emergency policy for the practice contained photographs of the standard contents of the emergency bag and emergency medicines. This meant that staff could be familiar with the content and were able to replace out of date or used medicines and equipment promptly. The practice used a medical emergency kit 'hotline' to replace used drugs or those near to expiry. This was operated by a member of the procurement team at the support centre.

Staff completed annual training in emergency resuscitation and basic life support. Staff had also completed emergency first aid training. Staff we spoke with knew the location of the emergency equipment and how to use it. The practice held scenario sessions every three months in order for the whole team to maintain their competence in dealing with a medical emergency. We saw evidence that these sessions had taken place in the documentation we looked at.

### Staff recruitment

# Are services safe?

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. The registered manager told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out.

The practice had a policy in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. We looked at three personnel records during our inspection and found that they contained appropriate recruitment documentation. This included proof of identification, two references, interview notes, DBS checks, training certificates and proof of professional registration. The practice manager told us that they checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

## **Monitoring health & safety and responding to risks**

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice. The practice had a log of risk assessments. For example, we saw current risk assessments for radiation, electrical faults and fire safety. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials. However, this had been written in 2011 and had not been updated since.

We found there was a corporate emergency continuity plan in place at the practice. However, the plan did not include the procedures to follow in the case of specific situation which might interfere with the day to day running of the practice and treatment of patients. There were no contact details for utility companies or staff to contact in an emergency.

The practice did not have an electrical fire alarm system in place. We saw that emergency whistles were available in all rooms for staff to use to alert others to a fire. We reviewed documents which showed that checks of fire extinguishers and emergency lighting had taken place. We also saw records of a recent fire drill. Staff had attended fire training and there were two trained fire wardens at the practice. We

saw that the fire evacuation procedure was clearly posted on the walls throughout the practice. Fire risk assessments had been carried out which indicated that identified risks had been addressed and actioned, such as the use of emergency whistles in the absence of the fire alarm system.

## **Infection control**

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice which assured us that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance. However, the infection control policy had been written in August 2012 and there was no evidence that it had been updated since. We saw evidence that an updated version was still in draft form and awaiting ratification. This evidence was sent to us after the inspection.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the patient feedback forms we reviewed. Treatment rooms were visibly tidy and free from clutter. Daily surgery checklists were in place which included cleaning and the flushing of water lines. However, there was a lack of continuity of the completion of checklists between each treatment room. For example, the checks for treatment rooms one and three were using additional checklists which caused a duplication of record keeping.

There were designated hand wash basins in each treatment room and the decontamination room. Instruments were stored and packaged appropriately in treatment room drawers. We observed that local anaesthetic cartridges had been removed from their blister packs and were stored loose in the drawers in one of the surgeries.

Decontamination was carried out in a dedicated local decontamination room (LDU) which we found fit for purpose. We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective

# Are services safe?

equipment (PPE) such as face visors, aprons and gloves. Posters about good hand hygiene and decontamination procedures were displayed to support staff in following practice procedures.

The decontamination lead showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments along with the packaging and storing sterilised instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

Sterilised instruments were packed and stored appropriately until required. Packs were dated with an expiry date in accordance with HTM01-05 guidelines. There were sufficient instruments available to ensure that services provided to patients were uninterrupted. Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.) For example, dental nurses ran the water lines in each treatment room at the beginning of each session, flushed the dental water unit lines (DWL's) with an approved disinfectant and monitored cold and hot water temperatures in the sentinel taps each month.

The practice manager carried out an Infection Prevention Society (IPS) self-assessment decontamination audit relating to HTM01-05 every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice had a record of staff immunisation status with regards to Hepatitis B in staff personnel records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice. However, we noted that gypsum (plaster of paris) waste was not segregated and there was no contract in place for the removal of gypsum waste. The registered manager assured us that this would be actioned immediately.

## Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual checks of portable appliance testing (PAT) of electrical equipment and testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out annual servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Dentists recorded the batch numbers and expiry dates for local anaesthetics cartridges and these were recorded in the dental records. Medicines and prescription pads were stored securely and NHS prescriptions were stamped with an official practice stamp. Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

## Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) had been appointed and a nominated dentist was the Radiation Protection Supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in treatment rooms. X-ray audits were carried out at the practice on an annual basis.

## Are services safe?

We saw evidence that the dentists recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. However, we noted that this was not always recorded in patient's dental records.

Dental nurses at the practice were not involved in taking X-rays. One dentist's training certificates showed that they were up to date with IR(ME)R training requirements.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. The fifteen dental care records we reviewed were clear and contained appropriate information about patients' dental treatment. The practice kept paper and electronic records of the care given to patients. We reviewed the information recorded in patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice was not fully up to date with current guidelines and research in order to develop and improve their system of clinical risk management. For example, the dentist did not always use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. We saw no evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

### Health promotion & prevention

The waiting room at the practice contained a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. We were told that appropriate advice was provided verbally by dentists but this was not recorded in patient's dental records.

### Staffing

There was a team of three dentists and three dental nurses (one of whom is a trainee) at the practice. The practice manager and clinical team were supported by four receptionists. There was no hygienist in post at the time of inspection. The practice had additional support from a clinical support manager and a registered manager.

Support staff at the practice had completed appropriate training. Clinical staff had attended continued professional development training which was required for their registration with the General Dental Council (GDC). This included including infection control, child and adult safeguarding and basic life support. We looked at the individual training records of three members of staff at the practice which demonstrated that they had attended appropriate training and were up to date. Staff attended internal training and undertook eLearning courses. New members of staff received an appropriate induction programme when they joined the company.

Staff records contained details of current registration with the GDC and the practice manager monitored that all dentists and dental nurses remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

The practice manager ensured there were sufficient numbers of staff to meet patient's needs. The practice was able to use staff from other practices in the case of staff absences.

### Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. These included local NHS hospital dental services and specialist clinicians within the IDH group.

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. The fifteen dental care records we looked at contained details of the referrals made and the outcome of the specialist advice.

### Consent to care and treatment

Staff described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. Staff explained to us how valid consent was obtained from

# Are services effective?

(for example, treatment is effective)

patients at the practice. We reviewed a random sample of fifteen patient dental records which confirmed that valid consent had been obtained. Staff ensured that patients gave their consent before treatment commenced. We saw that treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan.

Patients told us they were given time to consider their options and make informed decisions about which option they wanted. This was reflected in comments from patients we spoke with as well as on CQC comment cards.

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about their knowledge of the MCA and how they would use the principles of this in their treatment of patients. Staff had a limited understanding of the MCA and had not received specific MCA training.

# Are services caring?

## Our findings

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

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with four patients on the day of inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity.

A recent IDH patient survey showed a high level of satisfaction with the quality of service provided. The BSA questionnaire from December 2014 showed that 100% of patients were satisfied with the dentistry they had received. 94% of patients said that they were satisfied with the time they had to wait for an appointment.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored in password

protected computers and paper records were stored in secure filing cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

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

Patients were given a copy of their treatment plan and the associated costs. Patients we spoke with told us that they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were informed of the range of treatments available and their cost in information leaflets. We saw that NHS charges and prices of private treatments were clearly displayed in treatment rooms and in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in their practice leaflets in the waiting area. We saw there were leaflets for specific treatments such as root canal, inlays and onlays and oral hygiene. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots for the dentist to accommodate urgent or emergency appointments. Patients we spoke with told us they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs. Basic periodontal treatment to help maintain patient's gum health was carried out by the dentists. A hygienist was not employed at the practice at the time of our visit. Hygienist services were offered to patients at an alternative practice.

### Tackling inequity and promoting equality

Although the practice was contained on the ground floor of the building, patients who were unable to climb stairs were unable to access the practice. There were steep steps at the front of the building which was the only access to the practice. Such patients were referred to an alternative accessible practice. The practice did not have a disability access statement. Information was not displayed on the website to inform prospective patients about limited access at the practice.

The registered manager told us that they would contact the local authority to request translation and interpreter services where appropriate. We saw that information regarding the service was accessible via a website link.

### Access to the service

The practice was open Monday to Thursday 8.30am – 5.00pm and 8.30am – 4.00pm on Fridays. The practice was closed between 1.00pm and 2.00pm. The practice was closed on Saturdays and Sundays. Information regarding the opening hours was available in the premises and on the practice website. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment. Some emergency appointments were kept free each day so that the practice could respond to patients in pain.

### Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. Complaints were logged onto the company database and forwarded to the area complaints support team. Complaints letters from patients were uploaded to the database in order to ensure that they were kept secure. The practice manager was supported by the complaints department who were able to advise the best way forward and the correct process to follow.

We looked at the practice's log of complaints within the last 12 months. This included information about entries by patients on the NHS Choices website. The practice had responded to the entries appropriately. However, there was no record available during the inspection to confirm that learning had taken place as a result of the complaints.

Information for patients about how to raise a concern or complaint was available in the waiting room. Patients we spoke with told us they were confident in raising a concern and would speak to the practice manager. The practice had a whistleblowing policy which staff were aware of.

# Are services well-led?

## Our findings

### Governance arrangements

During the inspection, we reviewed a comprehensive clinical governance file. The practice manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager ensured there were systems to monitor the quality of the service such as audits. We looked at the contents of an audit file kept by the practice manager. The file contained audits relating to infection control practice, prescriptions, specialist referrals, clinical records and radiographs. However, the outcomes of these audits were not always discussed at practice meetings to enable staff to benefit from shared learning.

We were told that a clinical support manager visited the practice once per week to offer clinical support and peer reviews. Practice performance audits were carried out by an area development manager every four to six weeks. The most recent audit was carried out in March 2015 and looked at areas such as clinical performance, staff training, staffing and patient complaints.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures in place to manage those risks.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. However, shared learning from audits was unclear as the practice meetings minutes did not record that the results of audits had been discussed.

### Leadership, openness and transparency

The registered manager told us that IDH were 're-branding' its dental practices to 'mydentist' and that the changes were already in progress. Staff meeting minutes highlighted that the changes had been discussed and there was information for patients in the form of posters at the practice. Staff told us they had been informed of the changes and were kept up to date. They told us they were able to access a video on the intranet about the re-branding of IDH.

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. Staff we spoke with described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively together and there was a supportive and relaxed atmosphere.

### Management lead through learning and improvement

The registered manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All the clinical staff (apart from the trainee dental nurse) who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff received appraisals every six months. We saw completed appraisals in staff files which were up to date. New members of staff completed a 12 week probationary period which could be extended if necessary. Staff attended monthly practice meetings. The topics at the meeting in May 2015 included a review of previous meeting minutes, practice performance, health and safety review and issues regarding distilled water.

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

The practice had systems in place to seek feedback from patients using the service, including an IDH survey, a Business Services Authority (BSA) patient questionnaire and the NHS Friends and Family Test. Feedback forms were available in the waiting area for patients to complete at each visit. The results were collected and reviewed by head office every three months and forwarded on to the practice. The most recent IDH patient survey carried out showed a high level of satisfaction with the quality of service

## Are services well-led?

provided. The BSA questionnaire from December 2014 showed that 100% of patients were satisfied with the dentistry they had received. 94% of patients said that they were satisfied with the time they had to wait for an appointment.

We saw evidence in the monthly minuted staff meetings that results of the patient satisfaction survey were

discussed. However, there was no evidence that changes or improvements had been put into place as a result of patients' comments. The registered manager was unaware of any situations where improvements or changes had been put into place as a result of patient feedback or patient comments.