

Eclipse (Batley) Ltd

# Eclipse (Batley) Limited

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 16 February 2017 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**

Eclipse (Batley) Limited is situated in Batley town centre, West Yorkshire. The practice provides dental treatment to adults and children on an NHS or privately funded basis. The services include preventative advice and treatment, routine restorative dental care and orthodontics. Orthodontics is only offered on a privately funded basis.

The practice has six surgeries, a sterilisation room, two waiting areas and a reception area. There are three surgeries, the reception area, a waiting area, an accessible toilet and an X-ray room on the ground floor. The other three surgeries and the sterilisation room are on the first floor of the premises. There are staff facilities including a seminar room on the first floor.

There are eight dentists (including two foundation dentists), two dental hygiene therapists, two dental hygienists, eight dental nurses (two of whom are trainees), four receptionists and a practice manager.

The opening hours are Monday from 7:45am to 5:30pm, Tuesday and Wednesday from 8:45am to 6:30pm, Thursday from 8:45am to 5:30pm, Friday from 8:45am to 3:00pm and Saturday from 8:45am to 12:30pm.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we received feedback from 50 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were polite, friendly and caring. They also commented the dentists explained treatments well, they were provided with good advice on oral hygiene and the environment was comfortable and clean.

## **Our key findings were:**

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients 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.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the security of prescription pads in the practice.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the local rules to ensure they reflect the recommendations made in the critical examination reports and the fact two surgeries have dual entrances.

# 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.

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at practice meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

The dental nurses dismantled sharps. This was not documented in the sharps risk assessment.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

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.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. Currently, decontamination procedures were carried out in the surgeries and sterilisation was carried out in a dedicated room. We saw plans to install a dedicated decontamination room.

We noted NHS prescription pads were not locked away at night. This was brought to the attention of the registered manager and practice manager and we were told this would be addressed.

The local rules in some surgeries did not reflect the recommendations made in the critical examination reports and the fact there were two entrances to two of the surgeries.

No action



### Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

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 were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

No action



# Summary of findings

Referrals were made to secondary care services if the treatment required was not provided by the practice.

## Are services caring?

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

During the inspection we received feedback from 50 patients. The patients commented that staff were polite, friendly and caring. They also commented that the dentists explained treatments well.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

No action



## Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant slots for urgent or emergency appointments each day.

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

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

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment. We saw plans for a permanent ramp to be built at the front of the premises to improve access.

No action



## Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. The registered manager was the clinical lead and provided support and guidance to the associate dentists.

Effective arrangements were in place to share information with staff by means of monthly practice meetings which were well minuted for those staff unable to attend.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

No action



## Summary of findings

They conducted annual patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

# Eclipse (Batley) Limited

## Detailed findings

### Background to this inspection

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

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

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

We spoke with three dentists, two dental nurses, a receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed the significant events which had occurred in the last 12 months. These had been well documented and analysed. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). These were actioned if necessary and were stored for future reference.

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

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. The principal dentists had also completed level three training.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was not in use but the risk assessment identified how they reduced the likelihood of a sharps injury. We were told that the nurses dismantled sharps. The nurses felt competent and happy to dismantle the sharps but this was not reflected in the sharps risk assessment.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF. Glucagon, which is required in the event of severe hypoglycaemia or low blood sugar, was kept in a fridge but staff were not monitoring the temperature in line with guidelines.

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

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

### Staff recruitment

# Are services safe?

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. 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. We reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and 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).

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

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. An external company carried out a health and safety risk assessment each year. The most recent assessment did not highlight any issues.

There were policies and procedures in place to manage risks at the practice. These included risks associated with the use of pressure vessels, manual handling and pregnant workers.

A fire risk assessment had been carried out. We saw evidence of monthly emergency lighting tests, bi-annual fire drills and weekly fire horn tests. We were told the smoke alarms were also tested on a monthly basis but there was no checklist for this. We were told that smoke alarm tests would be documented from now on.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

## **Infection control**

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

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the sterilisation room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the surgeries. Instruments were then transported to a dedicated room where they were sterilised in an autoclave (a device for sterilising dental and medical instruments). The registered manager and practice manager were aware it was not ideal that decontamination procedures were carried out in surgery. We saw evidence of plans to build a dedicated central decontamination room.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.



# Are services safe?

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in January 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in March 2015 (Legionella is a term for particular bacterium 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, monitoring cold and hot water temperatures each month, the use of a water conditioning agent and tests on the water quality to ensure Legionella was not developing.

## **Equipment and medicines**

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager and the head dental nurse had a process in place to ensure equipment was serviced in line with the manufacturer's guidance. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in May 2015 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads in the surgeries overnight. The surgeries were not locked and the stamp for the prescriptions was not stored securely. The issue was raised with the registered manager and practice manager on the day and we were assured this would be addressed.

## **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 the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We noted the local rules did not reflect there were two entrances to two of the surgeries and recommendations made in the critical examination report with regards to the positioning of the X-ray head whilst taking X-rays were not included.

We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out bi-annually and included assessment of X-Ray quality. 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

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken and a referral was made to one of the dental hygienists.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. 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 FGDP before taking X-rays to ensure they were required.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride

varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health and the synergistic effects of smoking and alcohol with regards to oral cancer. There were health promotion leaflets available in the waiting room to support patients.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included a tour of the premises, the management structure and the process for disseminating information. We saw evidence of completed induction checklists in the personnel files. New staff were also given copies of the health and safety and employee handbooks.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

One of the dental nurses had completed an extended duties course which enabled them to take impressions. We were told that they were often used to take impressions for orthodontic study models.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery and sedation. Patients would be

# Are services effective?

(for example, treatment is effective)

given a choice of where they could be referred and the option of being referred privately for treatment. NHS referrals were monitored through the online referral system.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent e-mail the same day and a telephone call to confirm the e-mail had arrived.

## **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and

make decisions. The dentists were familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were given time to consider and make informed decisions about which option they preferred.

# Are services caring?

## Our findings

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

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

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. One of the dentists showed us computer animations which were used to assist with patient understanding of different treatments including crowns, bridges and implants. These animations could also be e-mailed to the patient to watch again at a later date. The computer software was also able to print information leaflets for specific treatments.

We saw that one of the principal dentists often used photography to assist patients with decision making. We saw good evidence of the use of photography to demonstrate to patients before and after cases.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. We were told the receptionists maintained a cancellation list. Patients on this list could be contacted at short notice if an appointment became available through cancellation. This allowed patients to access care sooner and reduced wasted surgery time.

Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. A DDA audit had been completed as required by the Equality Act 2010. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a portable ramp to access the premises and a ground floor accessible toilet. We saw evidence of planning permission which had been granted to build a permanent ramp at the front of the premises to improve wheelchair access. The ground floor surgeries were large enough to accommodate a wheelchair or a pram. The practice also had access to a hearing loop.

### Access to the service

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

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Private patients were provided with a mobile telephone number to contact. NHS patients were signposted to the NHS 111 service. Information about the out of hour's emergency dental service was available on the telephone answering service, on the practice website and in the practice information leaflet.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. We noted the complaints procedure in the waiting room did not contain any external agencies whom patients could contact if they were not satisfied with the response from the practice. This was raised on the day of inspection and we were told this would be addressed.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy. The practice manager kept a complaints log. Complaints would be discussed at staff meetings (if appropriate) in order to disseminate learning and prevent recurrence.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a '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 manager was responsible for the day to day running of the service. One of the principal dentists was the clinical lead and provided support and advice to the associate dentists.

There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

There was an effective management structure in place to ensure 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 would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings. These meetings gave everyone an opportunity to discuss ideas openly and

were minuted for those unable to attend. We were told that staff had proposed that a team member should be trained in sign language and that this had been agreed and actioned.

### Learning and improvement

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

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC. The practice paid for staff to attend training including CPD events which covered much of the core CPD.

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

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. We were told as a result of feedback from patients the practice had installed an answerphone service whereby patients could leave messages if the phone was not answered. Feedback from the satisfaction surveys was posted in the quarterly practice newsletters.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.