Rowley Healthcare Limited

# Parbold Dental Practice

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 6 June 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**

Parbold Dental Practice is situated in a converted residential property. The practice has two dental treatment rooms, a waiting area, a reception area and a separate decontamination room for cleaning, sterilising and packing dental instruments. Treatment rooms and patient toilets are on the ground and first floor of the premises. There is wheelchair access to the ground floor treatment room.

The Practice offers mainly private treatment (approximately 90%) to patients of all ages and NHS dental care services (mainly for children). The services provided include preventative advice and treatment and routine and restorative dental care.

The practice has two dentists, a visiting dental implantology specialist, a dental hygenist, three qualified dental nurses and a trainee dental nurse; in addition to a receptionist and a practice manager, who is also a qualified dental nurse. The practice is open Monday 9.00am until 5.00pm, Tuesday 8.00am until 5.00pm, Wednesday 8.00am until 6.00pm, Thursday 9.00am until 7.00pm and Friday 9.00am until 1.00pm.

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.

We viewed 32 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with two patients on the day of our inspection. We reviewed patient feedback gathered by the practice through patient surveys. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine and emergency appointments and staff put them at ease and listened to their concerns.

**Our key findings were:**

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Strong and effective leadership was provided by the principal dentists and an empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients could access treatment and urgent and emergency care when required. There were clear instructions for patients regarding out of hours care.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners and practice manager.
- Staff we spoke with felt well supported by the practice owners and practice manager and were committed to providing a quality service to their patients.
- Information from 32 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

# 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 robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals including referrals to specialist services for further investigations or treatment if required.

The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

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

We collected 32 completed Care Quality Commission patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

**Are services responsive to people's needs?**
We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment, urgent and emergency care when required. The practice had access to telephone interpreter services when required. The practice had a ground floor treatment room and access into the building for patients with restricted mobility and families with prams and pushchairs.

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

The practice had a comprehensive system of continuous improvement and learning. This included a detailed programme of auditing and risk management. Strong and effective leadership was provided by the practice owners and an empowered practice manager. Staff had an open approach to their work and shared a commitment to continually improving the service they provided.

# Summary of findings

Staff told us that they felt well supported and could raise any concerns with the practice owners and practice manager. Staff told us they felt supported in their roles and that there was an open and transparent culture at the practice which encouraged candour and honesty.

# Parbold Dental Practice

**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.

This inspection took place on the 6 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with six practice staff including the principal dentists, two dental nurses, the practice manager and a receptionist. 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 manager demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had incident and accident reporting systems in place when something went wrong. The practice reported that there were no serious incidents that required formal reporting during 2016 or that required investigation. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant these incidents were sent to all members of staff by the practice manager or practice owners. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning.

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

The practice had systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur.

We asked a dentist how they treated the instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. This was confirmed by the dental nurses we spoke with. Rubber dams were used in root canal treatment 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).

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

One of the practice owners acted as the safeguarding lead and as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that the safeguarding lead had received appropriate safeguarding training for both vulnerable adults and children. All staff had undertaken adult safeguarding and child protection training in the last two years. The practice safeguarding policies and a flow chart of how to raise concerns were readily available to staff and included contact details for child protection and adult local authority safeguarding teams.

**Medical emergencies**

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (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). Staff had received training in how to use this equipment. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

**Staff recruitment**

The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and

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employment checks including references. All the dentists and dental nurses who worked at the practice had current registrations 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.

We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are 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.

We looked at seven staff files and found they contained appropriate documentation. Staff recruitment records were ordered and stored securely. The practice had a system in place for monitoring staff had medical indemnity insurance and professional registration with the General Dental Council.

There were comprehensive induction programmes in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment.

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

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy contained up to date contact details for staff and support services. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were maintained and tested. Staff were knowledgeable about what to do in an emergency and designated staff were trained as first aiders.

The practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

**Infection control**

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that audit of infection control processes carried out in May 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the two dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet and bare below the elbow working was observed.

The drawers of a treatment room were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in October 2015. The

recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

The practice had a visiting dentist who specialised in the provision of dental implants. The dental nurse told us that the items that formed part of the dental implant system were for single patient use only. They explained that although the visiting dentist provided these components in sterile packs, they were sterilised again prior to use. They also explained that during the placement of implants the dentist used a single use surgical drape pack system for the treatment room. These surgical drapes were used to cover all non- essential areas of the treatment room and the patient. Included in the pack were surgeon and nurse gowns, head covers for both staff and patients to prevent the spread of infection during the procedure. The dentist also used sterile single use bags of irrigant which is used as a coolant for the dental drills during the procedure.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Clinical waste was stored in special clinical waste bins adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

We also saw that general environmental cleaning was carried out cleaning according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines. Patients could be assured that they were protected from the risk of infection from contaminated dental waste.

**Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated in March and April 2016. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations in March 2016. Portable appliance testing (PAT) had been carried out in March 2016.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. The practice dispensed their own medicines as part of a patients' dental treatment. These medicines included a range of antibiotics and over the counter painkillers. The dispensing procedures were robust and medicines were stored according to manufacturer's instructions. These medicines were stored securely for the protection of patients. We found that the recording of dose and amount of medicines prescribed along with the batch number and expiry date was always recorded. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

**Radiography (X-rays)**

We were shown a radiation protection file that contained documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment.

We saw that a radiological audit for each dentist had been carried out in March 2016. Dental care records we saw where X-rays had been taken showed that dental X-rays

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were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. Both dentists described to us how they carried out their assessment of patients for routine care and more specialised care including the placement of dental implants and orthodontics (orthodontics is a branch of dentistry that involves the treatment of maligned teeth and jaws). Assessments for routine care began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. For patients undergoing orthodontic treatment an examination of the jaw relationships and the degree of tooth crowding irregularity took place. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums).These were carried out where appropriate during a dental health assessment.

**Health promotion & prevention**

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care. One dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) who were particularly vulnerable to dental decay. Other preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. The practice visited local nurseries and schools to provide oral health advice to children.

**Staffing**

The practice had two dentists working over the course of a week and a visiting specialist in dental implantology who provided monthly clinics. They were supported by three dental nurses, a trainee dental nurse, a dental hygienist and a practice manager who was also a trained dental nurse and a receptionist. We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the practice owners and practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress. Following discussion the practice manager has arranged for the visiting specialist implantologist to receive a formal induction to ensure they are aware of the practice's current policies and procedures. Following the inspection visit the practice manager has put in place a formal written agreement detailing the services and resources to be provided by the visiting specialist and outlining the support the practice will provide, such as an appropriately trained dental nurse.

# Are services effective?

## (for example, treatment is effective)

We confirmed that the dental nurses received an annual appraisal and had personal development plans. These appraisals were carried out by the practice manager.

The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. All of the patients we asked on the day of our visit said they had confidence and trust in the dentists. This was also reflected in the Care Quality Commission comment cards we received.

**Working with other services**

The practice manager explained how they would work with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers. This ensured that patients were seen by the right person at the right time.

**Consent to care and treatment**

We spoke with dentists about how they implemented the principles of informed consent; all of the dentists had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. To underpin the consent process the practice had developed bespoke consent forms for more complex treatment including orthodontics and dental implants. Also we saw the extensive use of dental photography which was used as part of the patient assessment and ongoing monitoring of a patients oral condition.

The dentists were knowledgeable about how they would obtain consent from a patient who might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed.They involved relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in a store room. Some paper records for patients receiving a course of treatment over a few weeks were stored on open shelves at the back of the reception. Following discussion the practice confirmed they would ensure more secure storage was created as soon as possible. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 32 completed CQC patient comment cards and obtained the views of two patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients also commented that treatment was explained clearly and the staff were caring and put them at ease. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

**Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options with indicative costs where necessary. A group of patients receiving care at the practice were part of an insurance scheme for dental care that involved paying a monthly fee for their dental care. A poster detailing private treatment costs was displayed in the waiting area. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including a patient information 'welcome pack' which detailed the services the practice offered including the cost of treatments. The practice website also contained useful information to patients such as opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had appointments available daily to accommodate such requests. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

Staff told us the appointment system gave them sufficient time to meet patient needs. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment. Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed.

The practice supported patients to attend their forthcoming appointment by having a telephone reminder system in place. Patients who commented on this service told us this was helpful.

**Tackling inequity and promoting equality**

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. The practice had access to a translation service if it was clear that a patient had difficulty in understanding information about their treatment. To improve access the practice had level access and a treatment room on the ground floor for those patients with a range of disabilities as well as parents and carers using prams and pushchairs.

**Access to the service**

The practice was open Monday 9am – 5pm, Tuesday 8am – 5pm, Wednesday 8am – 6pm, Thursday 9am – 7pm and Friday 9am- 1pm**.** The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed as well as emergency services for patients under the insurance based system. This information was publicised on the practice website and on the telephone answering machine when the practice was closed.

**Concerns & complaints**

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and patient website. The practice had received no clinical complaints in the last 12 months.

# Are services well-led?

## Our findings

**Governance arrangements**

The governance arrangements of the practice were developed through a process of continual learning and improvement. The governance arrangements for this location consisted of the practice owners and the practice manager who were responsible for the day to day running of the practice. The practice maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the practice manager on a regular basis.

**Leadership, openness and transparency**

Strong and effective leadership was provided by the practice owners and an empowered practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. The principal dentists told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were clearly defined leadership roles within the practice. Staff told us the practice was a relaxed and friendly environment and they felt well supported and valued. Staff reported that the practice owners were proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

There were effective arrangements for sharing information across the practice including informal meetings and practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback. Time was allocated to complete team training, for example for emergency resuscitation and basic life support.

**Learning and improvement**

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurses received an annual appraisal; these appraisals were carried out by the practice manager.

We found there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection control and X-ray quality. We also saw that there was an audit of root canal treatment outcomes, medical history taking compliance and appointment times. The audits demonstrated a process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development. The practice owners and practice manager encouraged staff to carry out professional development wherever possible. The practice used a variety of ways to ensure staff development including internal training and lunch and learns as well as attendance at external courses and conferences. The practice ensured that all staff underwent regular mandatory training in areas such as cardio pulmonary resuscitation (CPR). We saw that the practice manager maintained a record of all staff's training records.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff, including carrying out ongoing surveys. The most recent patient surveys in 2016 showed a high level of satisfaction with the quality of service provided. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. The practice shared the comments and suggestions received with all the staff and changes were made in response. For example by extending the opening hours of the practice to provide early morning and early evening appointments.

Staff we spoke with told us their views were sought and listened to.