

## Cleethorpes Dental Practice Limited

# Cleethorpes Dental Practice Limited

### Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 27 November 2015 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**

Cleethorpes Dental Practice Limited is situated in Cleethorpes, North East Lincolnshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment, routine restorative dental care and dental implants.

The practice has three surgeries, a decontamination room, one waiting area and a reception area. The reception area, waiting area and one treatment room are on the ground floor. The other two treatment rooms are on the first floor.

There are three dentists, a dental hygienist, three dental nurses and a receptionist who also works as a personal assistant (PA) for the practice owner.

The opening hours are Monday to Friday 9-00am to 5-00pm.

The practice owner 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.

On the day of inspection 35 patients provided feedback. The patients were positive about the care and treatment they received at the practice. They told us they were treated with dignity and respect in a clean and tidy environment, informed of treatment options, were able to make appointments in a timely manner and were made to feel comfortable and relaxed.

## **Our key findings were:**

- The practice had some systems in place to assess and manage risks to patients and staff, including infection prevention and control, health and safety and the management of medical emergencies.
- Staff 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.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that 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.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.

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

- Aim to document somewhere in the dental care records when a patients' medical history has been checked.
- Aim to follow the Faculty of General Dental Practice (FGDP) guidelines with regards to the taking of X-rays.
- Aim to organise more regular (formal) staff meetings.
- Aim to document when the COSHH folder is reviewed.
- Aim to get a new Legionella risk assessment carried out.
- Aim to make alterations to the ground floor toilet to make it more disabled friendly.

# 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, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been one minor incident in the last 12 months. These had been recorded and reflected upon by the practice. If patients were involved then they would be given an apology and informed of any actions as a result of the incident.

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

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

Patients' medical histories were checked before any treatment took place. However, these checks were not always documented in the patients' records.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date. However, on the day of inspection we noted that buccal midazolam was not present. We later saw evidence that this had been ordered.

### **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 made referrals for specialist treatment or investigations where indicated.

The practice was aware of the importance of prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

The practice followed some best practice guidelines when delivering dental care. They recalled patients at suitable intervals in line with National Institute for Health and Care Excellence (NICE) guidance. However, X-rays were not always taken in line with the Faculty of General Dental Practice (FGDP) guidelines with regards to the selection criteria for dental radiography.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet 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 reviewed feedback from 35 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented that they were involved in treatment options and full explanations of treatment and costs was given.

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

# Summary of findings

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.

## **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 appointments slots for urgent or emergency appointments each day.

Patients commented 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 some reasonable adjustments to enable patients with a disability or limited mobility to access dental treatment.

## **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 owner and receptionist/PA were responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. The practice were undertaking the NHS Friends and Family Test and displayed the results in the waiting room including comments which patients had made about the service.

There were some arrangements in place to share information with staff by means of informal practice meetings which were minuted for those staff unable to attend.

# Cleethorpes Dental Practice 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 practice 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 local NHS England area team and Healthwatch North East Lincolnshire that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we reviewed feedback from 35 patients, spoke with two dentists, two dental nurses and the receptionist/PA. 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. We saw that a recent incident had been documented, investigated and reflected upon by the dental practice. This aided the practice in identifying areas for improvement and actions to prevent recurrence of the incident. Staff told us of a recent incident involving a patient slipping over in the entrance hall had resulted in a mat being put down and a warning sign being displayed.

Staff had a clear understanding of the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and its importance within the dental environment.

The practice responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would be discussed with staff at the informal meetings to disseminate learning.

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

The practice had child and vulnerable 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. The contact details for both child protection and adult safeguarding teams were in the safeguarding policy and also displayed in the reception area. Staff were knowledgeable about the different kinds of abuse and how to recognise these. The practice owner was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. Staff told us they were confident about raising any concerns with the safeguarding lead.

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) and the practice were moving towards using a safe needle system.

Rubber dams (this is a square sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) were used in root canal treatment in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received training in emergency resuscitation and basic life support as a team within the last 12 months.

The emergency resuscitation kit and oxygen was stored in the X-ray room and the emergency medicines were stored in the office behind the ground floor surgery. Staff knew where the emergency kits were kept. We discussed with staff that it may be better to have all of the emergency equipment and medicines in one place and they agreed that this would be more effective in the event of a medical emergency. The practice did not have buccal midazolam in the emergency medicines kit. It is recommended in the BNF that practices have buccal midazolam in their emergency medicines kit. This was brought to the attention of the practice owner and we saw evidence that this was ordered.

The practice did not have 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). However, the practice had identified that the ambulance response time would be less than five minutes and there was also a GP surgery within 100 metres which did have an AED. After discussion with the practice owner they informed us that they would look into purchasing an AED.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. These including checking the oxygen cylinder was full and the emergency medicines were in date. The

# Are services safe?

Resuscitation Council UK recommends that emergency equipment should be checked on a weekly basis. This was brought to the attention of the practice owner who told us that the emergency oxygen cylinder would be checked on a weekly basis from now on.

## Staff recruitment

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 the practice 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 that all checks were in place.

All clinical staff at the practice were registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

## Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was 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. Where issues had been identified remedial action had been taken in a timely manner.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, safe use of equipment, fire evacuation procedures and risks associated with Hepatitis B.

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

procedures. However, we saw that the COSHH folder had not been recently reviewed. This was brought to the attention of the practice owner and we were told that this would now be reviewed on an annual basis.

## 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)'.

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

We observed the treatment rooms and the decontamination 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 were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. 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 mainly carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. There were ultrasonic baths used for decontaminating instruments in some of the surgeries. However, these were only used when there were no patients in the room.

An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.



# Are services safe?

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice either used an ultrasonic bath in the surgery to clean the used instruments or manually scrubbed them in the decontamination room. They were then examined visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice owner provided dental implants. There was dedicated implant equipment available and sterile saline was used to irrigate the implant site whilst preparing the bone for the implant.

The practice had systems in place for daily 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 the self- assessment audit in October 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). 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 May 2013. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. This risk assessment was due to

be reviewed in May 2015. However, due to unforeseen circumstances relating to the legionella risk assessor this had to be postponed and we saw evidence that it had been rearranged to be completed soon.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, the compressor and the ultrasonic baths. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. We saw evidence of regular servicing of the autoclave, compressor, ultrasonic baths and X-ray machines.

Portable appliance testing (PAT) had been completed in November 2015 (PAT confirms that electrical appliances are routinely checked for safety).

Prescriptions were stamped only at the point of issue to maintain their safe use.

The practice provided dental implants and the dentist kept a log in the dental care records of a unique identification number of each implant which has been used on a particular patient.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that 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.

X-ray audits were carried out on an annual basis. This involved assessing the quality of the X-rays which had been taken. These showed that X-rays which had been taken were generally of an acceptable quality and within the National Radiological Protection Board guidelines.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date paper 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 dentist 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 that a diagnosis was not always documented in the dental care records. However, we saw that appropriate treatment was undertaken.

We saw evidence of completed medical history forms in the dental care records. This included information about the patients' health conditions, current medicines being taken and whether they had any allergies. The dentists told us that these were checked verbally at each appointment. However, there was no documentation of this in the dental care records or on the medical history form. This was brought to the attention of both dentists and we were told that this would be documented from now on.

The dentists were aware of current guidelines from the FGDP in relation to the selection criteria for dental radiography. However, we saw limited evidence that this was always followed. For example, there was not always a post-operative X-ray following endodontic treatment. We brought this to the attention of the dentists and we were told that they would review their protocol for the taking of X-rays giving due regard to the FDGP guidelines relating to the selection criteria for dental radiography.

### 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 dentist applied fluoride varnish to all children who attended for an examination and also provided fissure sealants to children at high risk of dental decay. Patients were also referred to the dental hygienist for in-depth oral hygiene advice and periodontal treatment.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health. Where required high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist that smoking cessation advice was given to patients who smoked. The practice owner also informed us that more detailed smoking cessation advice would be provided by the dental hygienist. There were health promotion leaflets available in the waiting room and surgery to support patients.

The practice owner also informed us that they visited local schools to provide oral hygiene advice to the school children and raise awareness of the importance of prevention in maintain a healthy dentition.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included informing the new member of staff of the practice's policies, the location of emergency medicines, arrangements for fire evacuation procedures and the decontamination procedures. We saw evidence of a completed induction checklist for the newest member of staff.

Staff told us they had good access to ongoing 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.

# Are services effective?

(for example, treatment is effective)

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents and an associated personal development portfolio. Staff also felt they could approach the practice owner at any time to discuss continuing training and development as the need arose.

## **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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment such as orthodontics and sedation. The patient would be told the reason for the referral and what to expect next with regards to waiting times for an appointment.

The practice completed detailed referral letters to ensure the specialist service had all the relevant information required. Upon receiving a response letter this was viewed by the referring clinician and then the letter was also stored in the patient's paper record card.

The practice owner is on the GDC specialist register for oral surgery and receives NHS referrals from local practices for minor oral surgery. After the treatment has been completed the practice owner would send a letter back to the referring dentist to confirm what treatment has been undertaken.

The practice owner also accepted referrals for dental implants on a private basis. We reviewed dental care records in relation to a recent referral which they had accepted. We saw evidence of correspondence between the practice, the referring practitioner and the patient with

regards to treatment options which had been discussed. It was clearly evident from reviewing these records that the patient's best interest were paramount in the treatment planning.

The practice owner was selective with regards to case selection and would refer more complex cases on to the local hospital.

## **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. Staff 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. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff 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 and this was signed by the patient. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Verbal consent was provided for routine treatments and this was documented in the dental care records. For non-routine treatments a written treatment plan was provided and a copy was kept in the dental care records. 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 that they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that 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. Dental care records were not visible to the public on the reception desk. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them

Patients' care records were stored in lockable cabinets when the practice was closed.

### **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.

Staff told us how they would use models and demonstrations to assist in describing different treatment to children. Staff felt that involving children in treatment was paramount to them accepting treatment.

Patients were also informed of the range of treatments available in information leaflets and in the practice information manual which was in the waiting room.

# 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. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day. 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. The practice owner also told us that they would see any patient even if they were not registered if they attended with a dental emergency.

Patients commented they had sufficient time during their appointment and they were not rushed. 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. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included a ramp to access the premises and a ground floor toilet. The ground floor surgery was large enough to accommodate a wheelchair or a pram. However, the door lock was out of reach of a patient in a wheelchair and there was no emergency cord. This was discussed with the practice owner and we were told that these issues would be addressed.

### Access to the service

The practice displayed its opening hours in the premises and on the practice website. The opening hours are Monday to Friday 9-00am to 5-00pm.

Patients told us that they were rarely kept waiting for their appointment. Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service or a local out of hours emergency dental service on the telephone answering machine. Information about the out of hours emergency dental service was also displayed in the waiting area.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice owner was in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the receptionist to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. If the patient was not satisfied with the result then they were given a copy of the practice's code of practice which included details of other organisations to contact to deal with the complaint. The practice had not received any complaints in the last 12 months.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within seven working days and providing a formal response within 14 working days. If the practice was unable to provide a response within 14 working days then the patient would be made aware of this.

# Are services well-led?

## Our findings

### Governance arrangements

The practice owner was in charge of the day to day running of the service and was well supported by the receptionist/PA. 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 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. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that 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. Any issues raised would be discussed at informal staff meetings and staff felt that they contribute to discussions and believed that their opinions would be considered. An action plan would be decided upon and this was documented in the staff meeting folder.

Staff were aware of whom to raise any issue with and told us that the practice administrator was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

### 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 clinical audits of dental care records, X-rays and infection control. The most recent clinical record audit was completed in September 2015 and showed the dentists were generally performing well. An action plan had been formulated to aim to record local anaesthetic batch numbers in the dental care records. A review date had been set for the audit to check whether improvements had been made.

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 General Dental Council.

The practice owner informed us that staff were encouraged to attend courses at the local postgraduate education centre. We were told that these were not only valuable from an educational point of view but also to overcome the isolation of being in rather a remote area.

The practice owner also provided staff with in house training on recent dental implant cases which had been completed. This enabled staff to understand the processes and procedures involved in dental implant placement. This made the staff feel more confident about speaking with patients about dental implants.

All staff received annual appraisals at which performance, learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders and also their associated personal development portfolios for the year.

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

The practice were currently conducting the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said that they would recommend the practice to friends and family. The results of the FFT were displayed in the waiting room along with comments which patients had made about the service.