

## Love the Dentist Mobberley Limited

# Love the Dentist Mobberley

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 31 January 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**

Love the Dentist Mobberley is located close to the centre of Mobberley village and comprises a reception and waiting room, a treatment room, a decontamination room and patient toilet facilities all at ground floor level. Parking is available on nearby streets. The practice is accessible to patients with disabilities, limited mobility, and to wheelchair users.

The practice provides general dental treatment to patients on a privately funded basis. The opening times are Monday 10.00am to 7.30pm, alternate Wednesdays 1.00pm to 6.00pm, and Friday 9.30am to 3.00pm. The practice is staffed by a principal dentist, an associate dentist, a practice manager, and two dental nurses who also carry out reception duties.

The practice manager 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'. 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 received feedback from 13 people during the inspection about the services provided. Patients commented that they found the practice excellent, and that staff were welcoming, very caring and put a lot of effort into making patients feel comfortable. They said that the dentists listened to them carefully, were very

# Summary of findings

accommodating with appointments, explained procedures and allowed patients time to decide. Patients commented that the practice was spotlessly clean and comfortable.

## **Our key findings were:**

- The practice had procedures in place to record, analyse and learn from significant events and incidents.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were maintained to a high standard..
- Staff followed current infection control guidelines for decontaminating and sterilising instruments.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- Services were planned and delivered to meet the needs of patients. Routine and emergency appointments were readily available.
- The practice actively welcomed patient feedback and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.
- Staff had received safeguarding training, and knew the processes to follow to raise concerns, but contact details for reporting concerns to needed updating.

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

- Review the practice's safeguarding policy and procedures ensuring they include contact details for reporting concerns about adult safeguarding to.
- Review the protocol for maintaining accurate, complete and detailed records relating to the employment of staff. This includes ensuring recruitment checks are suitably obtained and recorded.
- Review the practice's waste handling policy and procedure to ensure waste is segregated and disposed of in accordance with relevant regulations having due regard to guidance issued in the Health Technical Memorandum 07-01, specifically in relation to amalgam waste.
- Review the practice's procedures to mitigate the various risks arising from undertaking of the regulated activities, specifically in relation to fire safety and the secure storage of chemicals.

# 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 provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, dental radiography, and for investigating and learning from incidents and complaints.

The practice had emergency medicines and equipment available. Staff were trained in responding to medical emergencies.

We found the equipment used in the practice was well maintained and tested at regular intervals.

The premises were secure and properly maintained. The practice was cleaned regularly.

There was guidance for staff on the decontamination of dental instruments which they were following.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

Staff were suitably trained and skilled but improvements were needed to the recruitment process.

No action



### Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists carried out an assessment of the patient's dental health and monitored changes in it. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided and treatment focused on the patients' individual needs.

The practice had a strong focus on improving oral health and preventing dental disease.

Patients were referred to other services, where necessary, in a timely manner.

Staff were registered with their professional body, the General Dental Council, where relevant, and were supported in meeting the requirements of their professional regulator. Staff received on-going training to assist them in carrying out their roles.

No action



### Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

No action



# Summary of findings

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

## Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available. The practice opening hours and the 'out of hours' appointment information was readily available.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place. Staff were prompted to be aware of patients' specific needs or medical conditions.

The practice had a complaints policy in place which was sufficiently detailed. Complaints were thoroughly investigated and responded to appropriately.

No action



## Are services well-led?

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

The provider had effective systems and processes in place for monitoring and improving services.

The practice had a management structure in place, and some of the staff had lead roles. Staff reported that the provider and manager were approachable and helpful, and took account of their views.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We saw that these were regularly reviewed.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, learning from complaints, audits, and patient feedback.

The provider actively welcomed patient feedback as a way of monitoring and improving the service.

No action



# Summary of findings

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The culture of the practice encouraged openness and honesty. Staff told us they were encouraged to raise any issues or concerns.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

The provider had systems in place to assess and monitor risks at the practice and had put some but not all reasonable measures in place to mitigate these risks.

# Love the Dentist Mobberley

## 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 took place on 31 January 2017 and was led by a CQC Inspector assisted by a specialist dental adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

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

During the inspection we spoke to the dentist, the practice manager and dental nurses. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The provider had procedures in place to report, record, analyse, and learn from significant events and incidents. Staff described examples of significant events which had occurred. We saw these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence.

Staff had a good understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report.

The provider had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs, and in accordance with the statutory duty, are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff. The dentist was able to discuss examples of recent alerts with us. We saw that copies of alerts were retained and actions taken in response to them were recorded.

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

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. One of the staff had a lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed prominently for ease of reference but we

observed that these did not include contact details for adult safeguarding. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns.

The dentists were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the dentists at subsequent visits. The dental care records we looked at were well structured and detailed. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert. The records were stored securely.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, protocols for root canal treatment.

### Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and life support as a team and this was updated annually. The provider did not have arrangements in place for staff to practice together regularly as a team in simulated emergency situations but staff described to us how they would respond to a variety of medical emergencies. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (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). We saw records to show that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

### Staff recruitment

# Are services safe?

The provider had a recruitment policy and associated procedures in place and maintained recruitment records for each member of staff. We saw records contained, where relevant, evidence of the following; registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out. We reviewed the records for the newest members of staff and found not all the required information was present, for example, evidence of qualifications or references. The provider assured us that references were always obtained verbally.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had an induction programme in place for new staff to familiarise them with practice policies and procedures, for example health and safety and patient confidentiality requirements.

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

The provider had systems in place to assess and monitor risks but had not mitigated all elements of the risks with a view to keeping patients and staff safe.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice.

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients and the display of safety signs. We observed that chemicals were stored in an unlocked cupboard in an unlocked room. The provider assured us this would be addressed.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a

sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment room for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had some arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed and fire-fighting equipment was available however the assessment identified that an evacuation procedure and fire safety training were required and these had not been implemented. The provider assured us this would be addressed.

## **Infection control**

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and the treatment room for staff to refer to.

One member of staff had a lead role for infection prevention and control and provided guidance to staff where required.

Staff undertook infection prevention and control audits six monthly. Actions were identified in the audits, and we saw these had been carried out.



# Are services safe?

We observed that there were adequate hand washing facilities available in the treatment room, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room which was accessible to staff only. The decontamination room and treatment room had clearly defined dirty and clean zones to reduce the risk of cross contamination. Hatches connected the treatment room directly to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising and packaging of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that the packaged instruments were stored in drawers in the decontamination room. The packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had had a Legionella risk assessment carried out in January 2017 to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Actions to reduce the likelihood of Legionella developing were identified in the assessment and some of these had been carried out, for example, we saw records of checks on water temperatures. The provider was currently addressing the other identified actions. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment room had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Staff were responsible for cleaning all areas of the practice. We observed that the practice was clean, and the treatment room and decontamination room were clean and uncluttered. The practice followed current HTM 01 05 guidance on cleaning. Cleaning equipment was stored appropriately.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for most types of dental waste to be removed from the premises by a contractor but no segregation of amalgam waste was in place. The provider assured us this would be addressed. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

## Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

Staff showed us the recording system for the prescribing, storage, and stock control of medicines.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machine. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

Private prescriptions were printed out when required following assessment of the patient.

## Radiography (X-rays)

## Are services safe?

We saw that the provider was acting in compliance with the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000, current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machine. Routine testing and servicing of the X-ray machine had been carried out in accordance with the current recommended maximum interval of three years.

The practice used digital radiography which assists in reducing patient exposure to X-rays.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council standards. Patients completed a medical history form with details of their health which enabled dentists to identify specific oral health needs. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

We checked dental care records to confirm what was described to us.

We saw that the dentist used current guidelines issued by the National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

### Health promotion and prevention

We saw that staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist gave tailored preventive dental advice, and information on diet and lifestyle to patients to improve their health outcomes. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation. New patients were given a pack containing comprehensive oral health and healthy lifestyle advice.

### Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of training and supervision before being allowed to carry out duties at the practice unsupervised.

The provider had a system in place to appraise all staff annually. We were told that appraisals had not been

carried out yet but the provider assured us this would be addressed. The provider carried out regular informal reviews with staff, and the dentists met regularly for peer review.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The provider had carried out a training needs analysis and had a training plan in place. This included the General Dental Council core topics, health and safety, and a variety of generic and role specific topics. The provider monitored training to ensure essential training was completed each year. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

### Working with other services

We reviewed the practice's arrangements for referrals. The dentist was aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. The dentists referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice or in response to patient preference.

Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

### Consent to care and treatment

The dentist described how they obtained valid, informed, consent from patients by explaining their findings to them. These discussions were supported with treatment and cost information for patients in a variety of formats, for example leaflets, visual displays and demonstrations.

# Are services effective?

(for example, treatment is effective)

Patients were given a treatment plan prior to commencing dental treatment. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the dentist made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the treatment, including the alternative options, risks, benefits, and costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs and options, and treatment plans were informative.

The dentist described to us how they re-confirmed consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

The dentist explained that they would not normally provide treatment to patients on their examination appointment

unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. The dentist demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentist and staff had a good understanding of the principles and application of the MCA.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. The practice had a separate room available should patients wish to speak in private. The treatment room was situated away from the main waiting area. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed staff to be friendly and respectful towards patients during interactions over the telephone.

The provider had installed a push button alert system for patients to use if they wished to pause treatment procedures for any reason.

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

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was maintained to a high standard and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises was maintained to a high standard on an on-going basis.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from appointments at various times of the day.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider gathered the views of patients when planning and delivering the service via patient surveys and feedback, for example, the provider had sought patient views on the practice opening hours.

### Tackling inequity and promoting equality

The provider had carried out a Disability Discrimination Act audit, and had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Parking was available outside the premises. Staff provided assistance should patients require it.

The reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, and to wheelchair users.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing. The practice had an induction loop available.

The practice made provision for patients to arrange appointments and receive appointment reminders by a variety of methods. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

### Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information were displayed for ease of reference and the provider subscribed to a personal 24 hour telephone answering service. Emergency appointments were available daily.

### Concerns and complaints

The practice had a complaints policy and procedure which was sufficiently detailed. The procedure was displayed in the waiting room and outlined in the practice leaflet. We saw that complaints were promptly and thoroughly investigated and responded to. 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.

# Are services well-led?

## Our findings

### Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

The provider had implemented a range of policies and procedures to guide staff in the performance of their duties.

The provider had arrangements in place to ensure risks were identified and managed and had put measures in place to mitigate risks, however not all measures to mitigate risks had been implemented in relation to fire safety and the secure storage of chemicals.

We saw that risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out a range of audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints. We saw that these arrangements were working well.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were maintained electronically and were complete and accurate. Electronic records were maintained securely and data was backed up appropriately.

### Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service for patients and for staff.

We saw that the provider communicated a summary of patient feedback on the practice's website and in the newsletter.

The provider held staff meetings monthly at one of their other practices. The meetings were scheduled in advance to maximise staff attendance but some staff from the

practice were unable to attend on a regular basis. The provider ensured minutes of the meetings were distributed to these staff. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates.

The practice was managed by the provider and a practice manager, and some staff had lead roles. Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control, and safeguarding. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were aware of their own competencies, skills, and abilities.

The provider operated an open door policy. Staff said they could speak to the manager or provider if they had any concerns, and that both were approachable and helpful. Staff confirmed their colleagues were supportive.

### Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included X-rays, infection prevention and control, record keeping and health and safety. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out and re-auditing used to measure improvement.

The provider gathered information on the quality of care from a range of sources, including patient feedback, social media and surveys and used this to evaluate and improve the service.

Staff confirmed that learning from complaints, incidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice.

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service

## Are services well-led?

delivery, and carried out patient surveys, and looked at the results to identify areas for improvement. Staff asked every patient at the end of their appointment if there was anything the practice could have done better.

We saw that the provider acted on patient feedback, for example, the provider had planned to install a television for patients on the ceiling above the dental chair. Some

patients had commented they were concerned as to the safety of this and the provider had responded by incorporating the television into the ceiling to allay their concerns.

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.