

IDH Limited

# Mydentist - Hildyard Row - Catterick Garrison

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 2 February 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**

Mydentist - Hildyard Row - Catterick Garrison provides general dental treatment. The practice is located within Catterick Garrison, North Yorkshire. The service provides NHS treatment for children and adults and an option of a private dental plan is available within the practice. The practice currently has three dentists, who are supported by a practice manager, a dental hygienist, five dental nurses (one of which is a trainee) and a receptionist.

Four surgeries are located on the ground floor, there was a reception and waiting area, a decontamination room, a store room and radiograph developing room and a staff room, patient and staff toilet facilities.

The practice is open:

Monday, Wednesday, Thursday and Friday 08:30 – 17:30

Tuesday 08:30 – 18:00

One Saturday per month.

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'.

# 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 we received nine CQC comment cards providing feedback and spoke with four patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff to be efficient, kind, helpful and polite and they were treated with dignity and respect in a clean and tidy environment.

## **Our key findings were:**

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
  - Staff had been trained to manage medical emergencies.
  - Infection prevention and control procedures were in accordance with the published guidelines.
  - Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
  - Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
  - Patients were treated with dignity and respect and confidentiality was maintained.
  - The appointment system met patients' needs.
- There were areas where the provider could make improvements and should:
- Review audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.
  - Review and update all the practice policies and disseminate this with staff.
  - Review the practice COSHH folder and implement an assessment for all materials used within the practice.
  - Review the complaints policy to include external agencies and review the accessibility of the policy to patients.

# 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date. The emergency medicines were in accordance with the British National Formulary (BNF) guidelines.

We saw staff had received training in infection control. There was a decontamination room. Guidance for staff was available on effective decontamination of dental instruments.

Staff had received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report them.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment dated June 2015; evidence of regular water testing was being carried out in accordance with the assessment.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff 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.

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 patients understood.

# Summary of findings

Comments on the nine completed CQC comment cards we received included statements saying the staff were efficient, kind, helpful and polite and they were treated with dignity and respect in a clean and tidy environment. Patients we spoke with on the day confirmed this.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

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

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access and facilities where reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

The practice had a complaints process displayed in the waiting room; although this made reference to other agencies it did not provide contact information about external agencies for patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets available in the waiting room.

## **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. The practice manager and receptionist were responsible for the day to day running of the practice.

Staff reported that the registered manager was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with her at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice had undertaken a patient satisfaction survey, no learning outcomes were in place and the information was not shared with patients. The practice also had a feedback box available that was reviewed as required and information was shared on the website. The practice was looking to implement the NHS Family and Friends Test.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included patient dental care records and infection prevention and control. However the X-ray audit was due to be reviewed and no action plans or learning outcomes were in place.

# Mydentist - Hildyard Row - Catterick Garrison

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 2 February 2016 and was led by a CQC Inspector and a specialist advisor.

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

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with a dentist, the practice manager, a receptionist and two dental nurses. We saw policies, procedures and other records relating to the management of the service. We reviewed nine CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months.

The registered manager told us they had a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

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

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding and was trained to level two. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. The dentist demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a

patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society.

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

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. This was in line with the British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked daily. Emergency medicines were also checked daily. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date.

### **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed five recruitment files which showed the processes had been followed and reviewed the newest member of staff's file to support this.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

# Are services safe?

We saw all staff had their own personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

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

The practice had risk assessments in place to cover the health and safety concerns that may arise in providing dental services generally; however these had not been reviewed since 2014. The practice had addressed any concerns or risks and had a log recording the process. The practice had a health and safety policy online that was not practice specific which included guidance on fire safety, manual handling and dealing with clinical waste. This was brought to the attention of the registered manager on the day of the inspection to review the process and policy.

The practice had not fully maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the registered manager was in the process of reviewing the folder to cover all dental material with in the practice.

The registered manager had evidence of a completed fire risk assessment dated May 2015. There was evidence fire drills had been undertaken; this and other measures were taken to reduce the likelihood of risks of harm to staff and patients. The practice also had a trained fire marshall and had another two members of staff booked on to a course in May 2016.

## **Infection control**

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the

instruments was clearly displayed on the wall to guide staff. Staff told us they wore appropriate personal protective equipment when working in the decontamination area; this included disposable gloves and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from recruitment files that all staff had received infection control training in at various intervals during 2015.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw the sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last legionella risk assessment review dated June 2015. There was a trained responsible person



# Are services safe?

within the practice. Legionella is a term for particular bacteria which can contaminate water systems in buildings. There was evidence of water testing taking place this was in accordance with the risk assessment.

## Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken in July 2015. There was also an electrical installation condition report that had been completed.

Some dental materials were stored in the fridge and evidence of daily temperature checks were in place on the day of the inspection.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in February 2016 to ensure that they were suitable for use if required.

On the day of the inspection we reviewed maintenance records for equipment such as autoclaves, the compressor and the X-ray equipment, all records showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than medical emergency medication no other drugs were stored on the premises.

## Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly.

We saw the results of the November 2014 X-ray audit where no action plans or learning outcomes had been put in place to continuously improve the procedure and reduce the risk of re-taking of X-rays. The results were in accordance with the National Radiological Protection Board (NRPB) guidelines. The registered manager was aware the audit was due to be repeated as soon as possible as this was now overdue.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice or referred them to the dental hygienists for more detailed advice.

The dental care records we looked at showed at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The dental care records showed that dental examination appointments included checks for gum disease and oral cancer had taken place.

There was evidence the patient dental care records had been audited to ensure that they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in January 2016; however, there was no action plan or learning outcomes in place to address the issues that arose.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records we looked at the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as sedation or oral surgery were referred to other dental specialists. Their oral health

was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The practice had a 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.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snacking between meals, hidden sugars in drinks and tooth brushing. There was information on the practice's website regarding fluoride use and dietary advice. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The reception and waiting area contained a range of information that explained the services offered at the practice. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and had dental hygienists to help support this. The practice also had a patient information screen covering topics including oral health. The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients who smoked.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

# Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the personnel files.

Staff training was recorded by the practice manager. Records we reviewed showed all staff had received training in basic life support and infection control.

Staff told us they had annual appraisals and training requirements were discussed at these times. The registered manager was due to review the annual appraisals within the next few months.

Staff told us they had adequate numbers of staff to help cover period of absence as a nearby sister practice would help with cover and could help cover, for example, because of sickness or holidays, there was also a regional float nurse available.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept

in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records. The dentists kept a log of the referrals which had been sent and when a response had been received in the surgeries. The practice had a process for urgent referrals for suspected malignancies.

## **Consent to care and treatment**

Staff demonstrated an awareness and its relevance to their role of the Mental Capacity Act (MCA) 2005 (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us that verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

The practice gave patients with complicated or detailed treatment requirements time to consider and ask any questions about all options, risks and cost associated with their treatment. A copy of the treatment plan was stored within their patient dental care records.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a spare surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. All staff had completed information governance training and this was reviewed annually. We saw the dental care records were held securely both on paper and electronically and passwords were regularly changed.

We received nine CQC comment cards providing feedback. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service and they found the staff to be efficient, kind, helpful and polite and they were treated with dignity and respect in a clean and tidy environment.

A monitor was in the waiting room providing information about different treatment offered at the practice and information about the team members.

The practice had good communication with a local care home to provide care and treatment for residents. The practice had a system to ensure the ramp was placed outside the practice before the arrival of a patient who required access to the services. Appointments could be made through the care home and family members could attend with the patient if the need arose.

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

Comments made by patients who completed the CQC comment cards confirmed that they were involved in their care and treatment.

The practice's website provided patients with information about the range of treatments which were available at the practice. This included root canal treatment, extractions, treatments for gum disease and crowns.

When treating children the dentist told us to gain their trust and consent they explained the reasons for the treatment and what to expect, they would also involve their parents or carer. For patients with disabilities or in need of extra support staff told us they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times.

The practice is open:

Monday, Wednesday, Thursday and Friday 08:30 – 17:30

Tuesday 08:30 – 18:00

One Saturday per month.

The dentist told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested these were also available in the waiting room.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. There was also an option to send a patient who required an urgent appointment to a local sister practice if there was not any availability at the practice to see them.

### Tackling inequity and promoting equality

All four surgeries are located on the ground floor of the building. Access to the practice was good for all patients.

The practice had equality and diversity policy 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 step free access to the premises and accessible ground floor toilet facilities. The practice also had access to translation services for those whose first language was not English. The ground floor surgeries were all large enough to accommodate a wheelchair.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service. Information about the NHS 111 service was displayed in the waiting area, within the practice leaflet and information was on the practice answering machine.

### Concerns & complaints

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 three working days and providing a formal response within 20 working days. If the practice was unable to provide a response within 20 working days then the patient would be made aware of this. The complaints procedure was displayed in the waiting room however there was no information regarding other external organisations to contact. This was brought to the attention of the registered manager to review as soon as possible.

The practice had received no complaints in the last year. There was historical evidence that complaints had been processed in accordance with the policy and in a timely manner, they had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints. The NHS choices site had mixed reviews about the practice and one comment had not been responded to. This was brought to the attention of the registered manager to acknowledge and review accordingly.

The staff were aware of the complaints process and told us they would refer all complaints to the registered manager to deal with.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

The patient dental care record audit was last undertaken in January 2016. However, we found that if a clinician was not following the guidance provided by the Faculty of General Dental Practice an action plan was not formulated to help improve record keeping.

We saw the results of the November 2014 X-ray audit. However, no action plan and learning outcomes had been formulated to continuously improve the procedure and reduce the likelihood of having to retake X-rays. The audit showed the results were in accordance with the National Radiological Protection Board (NRPB) guidelines. The X-Ray audit was now overdue and the registered manager was aware this needed addressing.

The infection prevention and control audit was last completed in January 2016. HTM 01-05 states that an audit of the practice's infection prevention and control processes would be conducted every six months. There was no action plan or learning outcomes in place to help improve areas such as hand washing. This was brought to the attention of the registered manager to implement and review.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings, where relevant it was evident that the practice worked as a team. All staff were aware of whom to raise any

issues with and told us that the registered manager was approachable, would listen to their concerns and would act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The registered manager was aware of their responsibility to comply with the duty of candour and told us that the preferred to address any concerns or issues immediately should they arise.

### Learning and improvement

The practice maintained records of staff training which showed that not all staff were up to date with their training. We saw staff had personal files and these showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered manager explained the practice had a good longstanding relationship with their patients. The practice was looking to implement the continuous 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 practice had undertaken a patient satisfaction survey; however there was no evidence of any analysis of the feedback. A comments box was available in the reception area.

We saw the practice held monthly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.