

# Mr. Colin Rosenstone

# Toothpassion

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 4 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. However, we found areas which should be improved.

#### **Background**

Toothpassion is situated in Leeds city centre, West Yorkshire. It offers private dental treatments to mainly adults and a few children. The services include preventative advice and treatment, routine and cosmetic restorative dental care and adult orthodontics. The registered provider has been providing dental services from the premises since 1985.

The practice has two surgeries, an X-ray room, a waiting area and a reception area. The practice is situated on the first floor of a retail building.

There is one dentist, two dental hygienists, one dental nurse and two part-time receptionists (who are also qualified dental nurses).

The opening hours are Monday to Thursday from 9-00am to 5-30pm.

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

During the inspection we received feedback from 49 patients. The patients were positive about the care and treatment they received at the practice. Comments included that the staff were excellent, personable and

# Summary of findings

that they were made to feel at ease and were confident the treatment which they receive is of a high standard. Patients also commented that the surgeries were clean and hygienic.

## **Our key findings were:**

- The practice was clean and hygienic.
- The practice had some systems in place to assess and manage risks to patients and staff including infection prevention, control and 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.
- 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's process of auditing clinical and non-clinical areas could be improved.

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

- Review the practice's whistleblowing policy to include contact details of external agencies.
- Review the complaints policy displayed in the waiting room and on the website to include contact details of other agencies.
- Review the practice's approach to applying fluoride to children's teeth.
- Review the practice's procedure for the checking of the oxygen and automated external defibrillator.
- Review the practice's procedures with regards to the daily checks on the autoclaves.
- Review the practice's system to ensure clinical and non-clinical audits are completed on a regular basis.

# 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).

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

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

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We noted the oxygen cylinder and the automated external defibrillator were only checked monthly. These checks should be done on a weekly basis.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced and validated. However, not all daily checks were completed on the autoclaves.

### **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 followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The practice provided preventative advice to patients including oral hygiene instruction, smoking cessation advice and tooth brushing instruction. It also generally followed the 'Delivering Better Oral Health' guidance when providing preventative treatments to children. However, the practice should aim to apply fluoride varnish to children's teeth.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing their professional development (CPD).

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

### **Are services caring?**

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

During the inspection we received feedback from 49 patients. Staff told us most of the patients had attended the surgery for several years and they had built up a very good relationship with them. This was evident on the day by observing staff interactions with patients. Patients commented staff were excellent, personable and that they were made to feel at ease during treatment. Patients also commented that they were involved in treatment options and everything was explained thoroughly.

# Summary of findings

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

## **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 was an arrangement for patients to be seen in the case of them experiencing a dental emergency.

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.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations. However, we found areas which should be improved.

The practice owner was responsible for the day to day running of the practice. Staff felt supported and appreciated in their own particular roles.

The practice did not have an effective system whereby audits were undertaken at regular intervals. For example, audits for clinical record keeping and X-rays were undertaken sporadically. We discussed this with the practice owner and were assured that a procedure to undertake regular audits would be implemented.

They conducted annual patient satisfaction surveys in order to seek feedback on how to improve their services.

# Toothpassion

## 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 had access to remote advice from a specialist advisor.

During the inspection we received feedback from 49 patients. We also spoke with one dentist (who was the

practice owner), one dental nurse and a receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a policy including guidance for staff about how to report incidents and accidents. There had not been any accidents or incidents recorded in the last 12 months. However, staff were familiar with the need to record such events and to take action to prevent them from occurring again. We were told that any significant events would be discussed at staff meetings in order to disseminate learning.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The registered provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These would then be discussed with staff and actioned if necessary.

### 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. Staff had access to contact details for both child protection and adult safeguarding teams. The practice owner was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

There had not been any referrals to the local safeguarding team; however staff were confident about when to do so. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

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 using a needle resheathing device.

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

We saw that patients' dental care records were computerised and password protected to keep people safe and protect them from abuse. The paper parts of the dental care records were stored in locked cabinets when the practice was closed.

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. However, there were no external contact details for staff to use if they had an issue with the practice owner and felt that it could not be dealt with in-house. This was brought to the attention of the practice owner and we were told that contact details of the General Dental Council and the Care Quality Commission would be added to the policy.

### 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 completed training in emergency resuscitation and basic life support within the last 12 months. We were told that this training was an interactive simulation at the local dental hospital which staff found extremely valuable.

The emergency resuscitation kits, oxygen and emergency medicines were stored in the hygienist's room. Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed monthly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis. However, the Resuscitation Council UK state that the checks on the oxygen cylinder and the AED should be undertaken on a weekly basis. We discussed this with the practice owner and we were told these checks would now be undertaken on a weekly basis.

# Are services safe?

## 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 the newest member of staff's recruitment file and found the recruitment procedure had been followed. Discussions with the newest member of staff confirmed they had undergone a formal interview and were asked to provide references to support their application.

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

## Monitoring health & safety and responding to risks

A health and safety policy and risk 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. For example, there had been a risk identified with regards the X-ray machine to staff or patients banging their head on the X-ray machine. As a result there had been coloured tape placed on the machine to highlight it to patients or staff.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, 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, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

## Infection control

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

Staff had completed 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 surgeries to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed 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 and stored safely for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in the surgeries. This was because there was no available space to install a separate decontamination room. We were told the practice owner had tried to rent some space on the floor above in order to have a separate decontamination room; however, this had fallen through. We were told that any decontamination processes involving the development of an aerosol (including manually scrubbing instruments and putting instruments in the ultrasonic bath) were only carried out when there were no patients in the room.

The dental nurse showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath to clean the used instruments, examined them visually with an illuminated



# Are services safe?

magnifying glass, and then sterilised them in a validated autoclave. The decontamination area had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and this included disposable gloves, aprons and protective eye wear.

The practice had some systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, we identified some daily tests which were not carried out. The practice was not completing the steam penetration test on the vacuum autoclave in the dentist surgery. It was also not completing the automatic control test on the autoclave in the hygienist room. These issues were discussed with the practice owner and we were told that they would be addressed immediately.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in February 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. However, we saw this audit had not been regularly completed prior to this. This audit should be completed every six months to ensure the practice is maintaining suitable levels of infection prevention in line with HTM01-05. This was discussed with the practice owner and we were told that they would delegate the job of completing the IPS audit to the dental nurse.

Records showed a risk assessment process for Legionella had been carried out and was currently being reviewed (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms, monitoring cold and hot water temperatures each month and the use of a water conditioning system.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray machines, the autoclaves and the compressor. We saw evidence of validation of the

autoclave and the compressor. Portable appliance testing (PAT) had been completed in February 2015 (PAT confirms that portable electrical appliances are routinely checked for safety).

On the day of inspection we noted the glucagon (a drug used for the treatment of hypoglycaemia) was stored in the fridge. However, we noted that the fridge temperature was not being monitored as this drug is temperature sensitive between two and eight degrees celcius. This was brought to the attention of the practice owner and we were told his drug would now be stored out of the fridge and the expiry date amended appropriately.

The practice only provided private prescriptions and so did not have any NHS prescription pads stored on the premises. The practice did not keep any prescription medicines other than local anaesthetics and emergency drugs.

## 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 and serviced. 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 the surgery, the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

The practice used an automated developer for X-rays. This was regularly tested and the chemicals were regularly changed to ensure that the processing of X-rays remained effective. The used chemicals were stored in sealed containers whilst awaiting collection.

An X-ray audit had been carried out in January 2016. This included assessing the quality of the X-rays which had been taken. The results of this audit undertaken they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). However, we noted that these



## Are services safe?

X-ray audits had not been completed on a regular basis prior to this. This was discussed with the practice owner and we were informed that a process to ensure they were completed on an annual basis would be implemented.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept a mixture of electronic and 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 dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Patients confirmed these checks were carried out.

Records showed patients were made aware of the condition of their oral health and whether it had changed since their last appointment. Medical history checks were updated by the patient each time they attended for treatment and entered in to their dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

### Health promotion & prevention

The staff were aware of the importance of preventative care and supporting patients to ensure better oral health. For example, patients were given oral hygiene advice, smoking cessation advice and dietary advice. We saw there were models available to assist staff whilst providing oral hygiene advice to patients.

The dentist applied fissure sealants to children 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. However, we noted that fluoride varnish was

not applied to children who attended for examinations. DBOH states that children should have fluoride varnish applied to their teeth at least twice yearly. This was brought to the attention of the practice owner and we were told that they would review their understanding of DBOH with regards to the application of fluoride varnish.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. These included high fluoride toothpastes for patients at high risk of dental decay.

The practice also used the services of two dental hygienists who worked two days a week. The dental hygienists would reinforce the oral hygiene advice already provided by the dentist and also remove the plaque and calculus from patients' teeth.

### Staffing

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, the fire evacuation procedures and the duties specific to their role. We saw evidence of a completed induction checklist in the recruitment file of the newest member of staff.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice owner had arranged for staff to attend simulated medical emergency training. We were told that this was an excellent course and made them feel more confident about dealing with a medical emergency as and when it occurs. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. Staff kept documentation with regards to appraisals and personal development at home as they felt these were confidential.

Due to the small number of staff employed at the practice we were told that if any staff were on annual leave or off sick then they would bring in locum staff to ensure services could continue unaffected.

### Working with other services

# Are services effective?

(for example, treatment is effective)

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 including oral surgery and sedation. Patients would be given a choice as to where they could be referred. The practice owner also had a procedure for referring patients with a suspected malignancy.

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.

## **Consent to care and treatment**

Patients were given appropriate 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 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 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. Patients confirmed options were discussed with them prior to any treatment being carried out. However, these discussions were not documented in the dental care records. This was discussed with the practice owner and we were told these discussions would now be documented.

We saw that patients were provided with a written treatment plan which included the costs of each treatment being offered. Patients were made aware that this treatment plan did not mean that they had to have the treatment done and that consent could be removed at any time.

# 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. Many patients had been attending the practice for about 30 years and it was evident that there was a very friendly atmosphere and patients felt comfortable. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly, helpful 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. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them

Patients' electronic care records were password protected and regularly backed up to secure storage. The paper parts of the dental care records were stored securely in locked 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 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. We saw models of crowns, bridges and dentures which were used to describe treatment options to patients. Staff felt that this enabled patients to more fully understand the proposed treatment.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told that if there was no space in the appointment book then the patient would be seen before or after the clinic started. We were told there were very few patients who required emergency appointments as most of the patients were long standing and were well maintained.

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. Patients were informed of their upcoming appointments either by a text message or a telephone call 48 hours before their appointment.

### 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. However, due to nature of the premises being on the first floor, patients in a wheelchair would not be able to access the premises. We saw that a grab rail had been installed at the top of the stairs to assist with patients with limited mobility. We were told that no other modifications would be permitted as the stairway was a shared area with the business on the second floor.

### Access to the service

The practice displayed its opening hours in the practice information leaflet and on the practice website. The opening hours are Monday to Thursday from 9-00am to 5-30pm.

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 would call the practice telephone number and would be provided with a mobile contact number to call. We were told that the practice owner always had this mobile phone with him and would open up the practice outside normal working hours if needed. If the practice owner was ever on holiday then there was an arrangement with local practices to cover any patients who had an emergency. Information about the out of hours emergency dental service was also available in the practice's information leaflet.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. However, there were not all the contact details for other organisations included in this. This was brought to the attention of the practice owner and we were told that this sign would be amended appropriately to include details of the General Dental Council and the Dental Complaints Service.

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 practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. There had been one minor verbal complaint in the last 12 months. We saw that this had been recorded and the appropriate action had been taken in a timely manner to resolve the issue. We saw that the patient was happy with the outcome of their complaint.

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 10 working days. If the practice was unable to provide a response within 10 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. 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. We saw that governance including its relation to compliance was discussed at practice meetings.

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.

### 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. This was evident when we looked at the complaints they had received in the last 12 months.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us that the practice owner 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. However, we were told by the practice owner that audits were not a strong point and he was aware of this and was open about this. For example, we saw that there had been audits of dental care records, infection prevention control and X-rays completed in January 2016. However, before this these audits had been rather sporadic and there had not been a process in place to ensure audits were completed on a regular basis. We discussed this at great length with the practice owner and staff and felt that it would be a good idea to delegate the jobs of completing audits to the dental nurse and receptionist. The dental nurse and receptionist were happy to be given these tasks to complete and felt that they would be able to keep on top of this to ensure the audits were completed on a regular basis.

Staff told us they had access to training and were encouraged 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. All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. Staff also had individual personal development plans which they kept at home.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. This was by carrying out annual patient satisfaction surveys. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, whether they had been provided with a written treatment plan and the friendliness of staff. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. The practice owner also told us that due to the relationships they had with patients that they often provided feedback directly to them and that he would act on these suggestions if they were reasonable.