

## Easton Dental Practice

# Easton Dental Practice

## Inspection Report

249, Stapleton Road,  
Bristol,  
BS5 0PG.  
Tel:01179354554  
Website:

Date of inspection visit: 28th June 2016  
Date of publication: 17/08/2016

### Overall summary

We carried out an announced comprehensive inspection on 28th June 2016

to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Easton Dental Practice is located in Stapleton Road, Bristol and provides mainly NHS treatment to adults and

children and some private treatment. The practice consists of three treatment rooms, toilet facilities for patients and staff, a reception/waiting area, a second waiting area and a staff room. The practice offers routine examinations and treatment. There are three dentists and a hygienist. The current providers took over the practice at the beginning of April 2016.

The practice opening hours are:

8.30 to 13.00 and 13.30 to 17.30 on Monday

8.30 to 13.00 and 13.30 to 17.30 on Tuesday

8.30 to 13.00 and 13.30 to 17.30 on Wednesday

8.30 to 13.00 and 13.30 to 17.30 on Thursday

8.30 to 12.30 and 13.00 to 17.00 on Friday

We carried out an announced, comprehensive inspection on 28th June 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

Before the inspection we looked at the NHS Choices website. There were two reviews in the past 12 months and both gave one star. However, these reviews related to the practice under the previous provider.

For this inspection 12 patients provided feedback to us about the service through CQC comment cards. We also spoke with three patients. All these patients were positive about the care they received from the practice. They were complimentary about the service offered which they said

# Summary of findings

was good or very good. They told us that staff were professional, caring, helpful and friendly and listened to what they had to say. Patients told us that the practice was clean and hygienic. We received no negative comments.

Two of the dentists are registered with the Care Quality Commission (CQC) as a partnership and are the providers of the service or 'registered persons'. One of these dentists is also the registered manager and a registered person. 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.

## **Our key findings were:**

- Safe systems and processes were in place, including a lead professional for safeguarding and infection control.
- Staff recruitment policies were appropriate and most of the relevant checks were completed. Staff received relevant training.
- Risk assessments were in place.
- The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.

- The process for decontamination of instruments followed relevant guidance.
- The practice maintained appropriate dental care records and these were updated.
- Patients were provided with health promotion advice to promote good oral care.
- Written consent was obtained for dental treatment.
- The dentists were aware of the process to follow when a person lacked capacity to give consent to treatment.
- Feedback that we received from patients was positive. Patients said that they received a caring and effective service.
- There were governance systems at the practice such as systems for auditing patient records, infection control and radiographs.

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

- Review the process of recruitment of staff to make sure references are obtained in line with current guidance about recruitment.
- Review the system for refrigerating medicines so that they are stored in line with current guidance.

# 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 providers had taken over the practice in April and had set up systems to make sure they delivered a safe service. There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and staff. There was a business continuity plan. Hazardous substances were managed safely.

Most of the appropriate checks were being made to make sure staff were suitable to work with vulnerable people. The necessary emergency medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean. We found that guidance about decontamination of instruments was being followed to prevent the risk of the spread of infection.

No action



### Are services effective?

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

The dentists took X-rays at appropriate intervals. The practice was checking the condition of the gums for every patient and they were checking for oral cancers. Patients completed medical history questionnaires and these were updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing and some dental conditions. The dentists discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentists. Staff received appropriate professional development and the expected training.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. The dentists showed understanding about the Mental Capacity Act 2005 (MCA) and what they would do if adults lacked the capacity to make particular decisions for themselves.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

No action



# Summary of findings

Patients were positive about the care they received from the practice. They reported that staff were caring, helpful and friendly. Patients were given treatment plans by the dentists, which they had signed to show their consent and agreement to them.

## 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 a system to schedule enough time to assess and meet patients' needs. Most patients who commented said that they could get an appointment easily. Emergencies were usually fitted in on the day the patient contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy and staff had received training about equality and diversity. There were systems for people to help them to access the service. These included a translation for people whose first language was not English. There was level access for wheelchair users to one of the surgeries. A hearing loop system had been ordered for patients who had a hearing impairment and there was access to a sign language service for deaf people.

No action



## Are services well-led?

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

The practice had systems for clinical governance such as audits of infection control, radiographs and record keeping. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave.

The practice had a range of policies which were made available to staff.

The registered manager was responsible for the day to day running of the practice and the providers were the lead professionals for the practice. There was a whistleblowing policy. There was information for staff about the duty of candour and being open when an incident occurred where a patient suffered harm.

There were regular team meetings and staff discussed developments in the practice such as learning from incidents. The practice provided a range of training. Staff were responsible for their own continuing professional development and kept this up to date.

The practice sought feedback from patients through patient satisfaction feedback forms and these were analysed by the providers once a quarter. There were also Friends and Family Test comment cards which were considered monthly. The providers had made changes in the practice in response to patient feedback.

No action



# Easton Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 28th June 2016. The inspection took place over one day.

The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch and NHS England but we did not receive any information.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with two dental nurses, three dentists and three patients. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

12 patients provided feedback about the service by completing comment cards. Patients were positive about the care they received from the practice. They were complimentary about the friendly, professional, helpful and caring attitude of the dental staff. We spoke with three patients who said that the staff were caring and friendly and listened to what they had to say. They said it was easy to get an appointment including emergency appointments. Patients told us that the surgery was clean and hygienic.

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

There was an effective system for reporting and learning from incidents. Incidents were reported to one of the dentists, recorded and analysed. There was information about when an accident needed to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw an accident book. There had been two accidents since the providers took over the practice and these had been appropriately recorded and followed up.

There was a process to follow if a member of staff had a needlestick or sharps injury. A needlestick injury is when a person is injured by a needle or other sharp object. One of the accidents discussed previously involved a needlestick injury and this had been appropriately recorded and the correct procedure was followed. The practice had a safe sharps risk assessment and they had introduced single use syringes to minimise the risk of injury. Sharps containers were kept away from patient areas and were locked away when full.

The practice acted when they received safety alerts. We saw that there was a safety alerts folder with information about all the alerts received. We saw team meeting minutes which showed that safety alerts were a regular item for discussion and information about alerts was shared with staff.

There was evidence of learning from accidents and incidents. The learning points were noted following each accident and one of the dentists said that these were discussed at staff meetings. We saw minutes of a staff meeting dated 3rd May 2016 which showed that incident reporting and lessons learned were discussed.

There was information for staff about the duty of candour and being open with patients if they were harmed as a result of their care. The registered manager said that they had discussed this information with staff as part of the discussions about the practice policies.

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

We saw that there was a practice risk assessment which included the action to be taken to manage risks. There were also Control of Substances Hazardous to Health (COSHH) risk assessments to keep patients and staff safe from substances used in the dental practice.

We saw evidence that clinical staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority social services. One of the dentists was the safeguarding lead professional for the protection of vulnerable children and adults. We saw certificates to show that staff had completed training about safeguarding adults and children. Staff would raise concerns or allegations of abuse with the registered manager who would make a referral to the safeguarding team if there was a concern. There had been no safeguarding issues reported by the practice to the local safeguarding team. There was a whistleblowing policy which staff could follow if they had concerns about another member of staff's performance. Staff had signed sheets to say that they had read and understood the procedure for reporting allegations of abuse and whistleblowing.

There was written information for staff to make sure a 'never event,' such as removing the wrong tooth, did not occur. The required patient records were being kept, including medical histories. There was also information for the dentists about drug interactions to help to keep patients safe.

### Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received in-house training in emergency resuscitation and basic life support and there was a plan for this to be refreshed every six months. We saw certificates for the recent training which was delivered online and during a team meeting. The staff we spoke with were aware of the practice procedures for responding to an emergency.

The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to

# Are services safe?

attempt to restore a normal heart rhythm). There were defibrillator pads for adults and pads for children had been ordered. The oxygen cylinder and resuscitation mask were in date. The oxygen cylinder was checked daily for effectiveness. We reviewed the contents of the emergency medicines kit and we saw that all the emergency medicines were in date. Medicines which required refrigeration were being kept in the fridge.

## Recruitment

The practice staffing consisted of three dentists, one hygienist/receptionist, one dental nurse and one trainee dental nurse. We looked at the records of recruitment checks for two staff who had been recruited since the practice was taken over. Each member of staff had submitted a curriculum vitae with their employment history and a list of their qualifications and training. They each had a disclosure and barring service (DBS) check and had a copy of their passport as proof of identity and information about their right to work in the UK. One member of staff had a satisfactory DBS check dated 8th April 2014 and the registered manager said that they would apply for a new DBS check for them.

One member of staff had two written references and the other had one reference. One of the dentists said that they had only had one job. There was a record of the immunisation status of the nurses, the hygienist and the dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for the qualified staff.

## Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The practice had a fire risk assessment and there was a fire procedure. There were records of a fire drill in April and weekly fire alarm checks. One of the dentists said that they aimed to carry out a fire drill every six months. There was a detailed health and safety risk assessment for the whole practice with an action plan to manage risks. There were other risk assessments for example for a work experience student, a trainee nurse and a member of staff who was pregnant.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations and there were COSHH risk assessments.

The practice followed national guidelines for patient safety. For example, the practice used a rubber dam for root canal treatments and some tooth restorations. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. All the dentists used single use files to reduce the risks to patients when having root canal treatment.

The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

## Infection control

There were systems to reduce the risk and spread of infection. One of the practice owners was the infection control lead professional for the practice. There was a comprehensive infection control policy. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. We saw confirmation of this for the nurses, hygienist and the dentists. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, nurses and hygienist wore uniforms in the clinical areas and they were responsible for laundering these.

We found that the practice was following relevant guidance about cleaning and infection control. The practice looked clean throughout. The nurses cleaned the surgeries. There was a separation of clean and dirty areas in the surgeries. Three patients we spoke with during our visit and 12 patients who completed comment cards confirmed that the environment was always clean and hygienic.

We examined the facilities for cleaning and decontaminating dental instruments in the surgeries. The practice had followed the guidance on 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)' when setting up their decontamination arrangements in the surgeries. They planned to build a separate decontamination room. In accordance with HTM



# Are services safe?

01-05 guidance dirty instruments were carried from the treatment area of each surgery to the decontamination area in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing the instruments. One of the nurses showed us the process for the decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They washed the instruments in the washing bowl after testing the temperature of the water and scrubbed the instruments with a long handled brush. They rinsed them then inspected them for debris under an illuminated magnifying glass. They put the instruments on to trays and put them into the autoclave to sterilise. An autoclave is a device for sterilising dental and medical instruments.

After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them in the appropriate drawers in the surgery. The nurse also showed us how they cleaned down the surgeries and sanitised the surfaces between patients.

The autoclave was checked daily and weekly for its performance, for example, in terms of temperature and pressure. Logs were kept of the results demonstrating that the equipment was working well. We saw a certificate to confirm that the autoclave was serviced on 22nd June 2016.

The cleaning was done by contract cleaners and equipment was colour coded to keep equipment for clinical areas, public areas and toilets separate. This was stored in a locked cupboard away from patients.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps and fluid for developing radiographs. There was a Legionella risk assessment (Legionella is a bacterium found

in the environment which can contaminate water systems in buildings). The nurse showed us how they flushed the dental unit water lines in accordance with current guidance in order to prevent the growth of Legionella.

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. We saw a portable appliance testing (PAT) certificate for all electrical items dated March 2016.

Medicines were stored securely in a cabinet and a designated fridge. There were records to show this was kept at the correct temperature but we found that a pint of milk was being stored along with dental materials. Prescription pads were locked away at night. There was a system for tracking the use of prescriptions to make sure none could go missing. Details were written in a book with patient information and the prescription number. The defibrillator was stored securely. There was an oxygen cylinder with an up to date certificate.

There were sufficient instruments for use in all the surgeries. These were checked weekly to make sure there were enough and they did not need to be re-sterilised. One of the providers was responsible for ordering stock in the practice.

## Radiography (X-rays)

There was an X-ray unit in each of the surgeries. There were suitable arrangements in place to ensure the safety of the equipment. There were logs to show that they were maintained. The name of an external radiation protection adviser (RPA) was made available and one of the owners was the radiation protection supervisor (RPS). We saw critical exam packs and records of user acceptance testing for all machines. A system for developing radiographs was used and they were graded as they were taken. Staff had received appropriate training. We saw records of an audit of the radiographs dated April 2016.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We reviewed five adult dental care records and five children's records. The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. The dental care records showed that an assessment of periodontal tissues was undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.)

We found evidence that the practice conducted audits of infection control, radiographs and record keeping. Medical histories were recorded and updated at each visit. This information was kept up to date so that the dentists were informed of any changes in patients' physical health which might affect the type of care they received.

We saw evidence that the practice kept up to date with current guidelines and research in order continually to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to referring patients for removal of wisdom teeth and prescribing antibiotics. They also conducted risk assessments for patients to help them to decide appropriate recall intervals for check-up appointments. We saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention.'

### Health promotion & prevention

The dentists said that they discussed health promotion with individual patients according to their needs. This included discussions around oral hygiene, use of fluoride, smoking cessation, sensible alcohol use and dietary advice. We saw records of examinations of soft tissue to check for the early signs of oral cancer. The practice had considered ways to reach out and engage with people in the community for example getting involved in the local mosque, church and school.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was some information about tooth brushing and some dental conditions displayed in the waiting area. This could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition. There was a hygienist to provide advice and treatment.

### Staffing

The practice had three dentists, including the two providers, a qualified nurse, a trainee nurse, and a dental hygienist who was also the receptionist. The providers told us that all staff received professional development and training. We saw training certificates for staff for safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety, fire awareness, risk assessment, equality and diversity and the Mental Capacity Act 2005 (MCA.) There was other training such as hand hygiene, disinfection of impressions and information governance. A mixture of training in the practice and online training was offered. The dentists, hygienist and the nurses were responsible for their own continuing professional development (CPD) and each of them had a folder of their certificates. We saw evidence that all the staff had completed a range of CPD since the practice started.

Each member of staff had received an appraisal and had a personal development plan, which identified ways they could develop and improve their performance.

### Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, sedation, oral surgery, or orthodontics. Where there was a concern about oral cancer a referral was made to the local hospital. Records showed that referral information was sent to the specialist service about each patient, including their medical history and X-rays.

### Consent to care and treatment

The practice ensured that valid consent was obtained for all care and treatment. Records showed that the dentists discussed treatment options, including risks and benefits, as well as costs, with each patient. They provided

# Are services effective?

(for example, treatment is effective)

treatment plans for private treatment and the patient signed these to show consent. NHS patients signed the NHS treatment plans. When treatment was needed for a child the dentist involved the child in decisions about treatment using visual aids on the computer and obtained consent from their parents.

When we spoke with the three dentists we found that they had understanding about the Mental Capacity Act 2005 (MCA.) The MCA provides a legal framework for health and

care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We found evidence of training about the MCA for the dentists and nurses. There was information for staff about the MCA and assessing mental capacity and staff had signed to say that they had read and understood it. The minutes of staff meetings showed that the MCA was discussed as a regular item.

# Are services caring?

## Our findings

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

We observed that patient confidentiality was respected. The practice used an electronic record system. Electronic records were password protected and the computer screen in reception was angled so that it could not be seen by patients. Staff received training about information governance so that they knew how to protect patient information.

Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. The waiting room was away from the consulting rooms so that conversations could not be heard from the other side of the consulting room door. Patients were offered the room behind reception in case they wished to discuss appointments or payments in private. We observed that staff in the practice were polite and respectful when speaking with patients. Patients told us that they were treated with respect and staff listened to what they had to say.

Patients, who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were helpful, friendly, approachable, professional, caring, understanding, and listened to what

they had to say. They said that they provided a very good service. Three patients we spoke with said that the dentist and nurse were friendly and caring and provided a good service.

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

The practice provided treatment plans for private patients which gave options for treatment and indicative costs. There were also clear NHS treatment plans. Written consent was obtained for the dentists' treatment plans showing that patients were involved in decisions about their care. Three patients we spoke with said that the dentist discussed options for treatment and explained treatment to them very clearly so that they could make decisions. They said that they had signed their treatment plans and consented to treatment. The patient records showed that any issues or options for treatment were discussed with the patient.

### **Support to cope with care and treatment**

The providers told us that when a patient was nervous they put a flag on their notes so that the receptionist would know to book extra time for their appointments. They said that they allowed extra time for people with disabilities or with extra needs. If necessary they would refer a patient to another practice so that they could have treatment under sedation. Each dentist had emergency appointments each day. Three patients we spoke with said that they could always get an appointment and if they had an emergency they were seen promptly.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. The practice offered a service to NHS 111 patients with emergencies and each dentist kept appointments free to see emergencies. Overall patients commented that the staff provided a good service. Three patients told us that they could always get an appointment and if they had an emergency they were seen promptly. The practice actively sought feedback from patients about the care being delivered.

There were feedback forms in reception and one of the providers had analysed some responses and planned to analyse and summarise the responses once a quarter. We saw the recent summary of comments. The feedback was mainly positive except one patient commented about the length of time they had been waiting to be seen as an emergency. There were action points for the dentists to monitor waiting times and for the receptionist to explain to emergency patients that there will be a waiting time. This was discussed in a team meeting. There were also forms for the NHS Friends and Family Test and one of the providers analysed these monthly.

### Tackling inequity and promoting equality

There was an equality and diversity policy which was dated and staff had received training about equality and diversity. There were some reasonable adjustments in place. There was information about translation services for patients whose first language was not English. The staff spoke several languages. A loop system for patients with a hearing impairment had been ordered. There was access to a sign

language interpreting service for deaf patients. One surgery on the ground floor was accessible to patients who used wheelchairs. There was no toilet that was accessible to people with disabilities but the owners planned to build an extension with a disabled access toilet.

### Access to the service

The opening hours were displayed by the front door and on the practice website. There was also information about out of hours' services. Patients who commented told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day the patient contacted the practice.

### Concerns & complaints

There was a procedure about how to make a complaint, including timescales for responding to complaints and the process for investigation. Information about how to make a complaint was displayed in the reception area. Three patients we spoke with had not seen this information but they said that they would ask a member of staff if they had a complaint. There had been no complaints since the providers took over the practice. Before the inspection the providers sent us information about formal complaints in the past year. This showed information about five complaints about the practice when the previous providers were in charge. The new providers had followed up some of the complaints and registered some learning points to make sure the patients were satisfied with the service. For example they made sure that appointments were booked at convenient times for patients, they explained the referral process to patients when making a referral to hospital and they polished a rough filling for one patient.

# Are services well-led?

## Our findings

Since they took over the practice the providers had set up systems, for clinical governance, staff training and development and management of risk.

### **Governance arrangements**

The practice had systems for clinical governance. There were audits of infection control, records, spot checks of the surgeries, general cleaning, hand hygiene, waste, health and safety and radiographs. All the audits included an action plan which was followed up. We saw that there was a range of policies which were made available to staff. These included safeguarding, whistleblowing, infection control, health and safety, complaint handling, fire safety, risk assessment, and information governance.

The practice carried out regular checks of equipment. We saw evidence that the autoclave and compressor were serviced. One of the nurses told us that they conducted daily checks of the autoclave and we saw records of these tests. There were checks of the portable electrical appliances.

### **Leadership, openness and transparency**

The providers were the lead professionals for the practice including safeguarding, infection control and medical emergencies. The registered manager was responsible for the day to day running of the practice. We saw that there was information for staff about the duty of candour. We

saw a whistleblowing policy which was made available to staff. Three patients told us that the practice was well organised and well led. Patients who completed comment cards said that it was a good service.

### **Management lead through learning and improvement**

There were team meetings about twice a month. During these meetings staff discussed changes in the practice, improvements, learning from accidents, incidents and complaints and patient feedback and the Mental Capacity Act 2005. We saw the minutes of meetings where improvements to practice and learning from incidents was discussed. Patient feedback was also discussed. The nurses and dentists told us that they were responsible for their own continuing professional development and kept this up to date. The new providers had provided a range of training for staff in the first two months, for example safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, equality and diversity and the Mental Capacity Act.

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

The practice had effective systems to seek feedback from patients. There were patient satisfaction feedback forms and these were analysed about once every three months. Following the most recent analysis improvements had been made to booking emergency appointments. The dentists were monitoring waiting times for appointments and the receptionist was explaining to emergency patients that there will be a waiting time. There were also NHS Friends and Family Test feedback cards. These were analysed once a month.