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# Spilsby Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 1 March 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**

Spilsby Dental Surgery is a single surgeon dental practice in the centre of Spilsby which is a village in Lincolnshire.

The practice is in a grade two listed building which has limitations on modernisations that can be made however the building was fit for purpose. There are two treatment rooms (one of which is used one day a week by a self-employed hygienist) a decontamination room, a reception area, waiting room, office, staff toilet and patient toilet. There is also a staff room on the first floor of the practice. Access to the practice areas are all on the ground floor. There is pay and display parking within walking distance. The building is accessed from the street down a side alley. Patients with limited mobility or wheelchairs are assisted by staff members to open the door to the practice. Once inside the practice there is access to both treatment rooms. The toilet facilities for patients are not suitable for wheelchair access.

There is one dentist, three dental nurses (who also cover reception), one receptionist and a practice manager who is also a qualified dental nurse. The practice also has a hygienist that is self-employed that works in the practice for one day per week.

The practice provides NHS and private dental treatment to adults and to children. The NHS contract for the practice is for three days per week, Tuesday to Thursday from 8.30am to 5pm for and Monday 8.30am to 5pm for private patients although the practice does see a mixture of patients on these days. The practice closes on Fridays.

# Summary of findings

The providers told us that the contract that they were given from the NHS was not big enough to meet the number of patients in the catchment area and there were approximately 200 patients on the NHS waiting list.

The two partners that own the practice are also the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The registered managers were supported in their role by the practice manager.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 15 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy and that it was welcoming and friendly. They said that staff offered an excellent and professional service and were polite, attentive and caring. Patients said that explanations about their treatment were clear and that they were given time to ask questions and that all options were fully explained. Patients who were nervous commented how the dentist put them at ease and was reassuring, understanding and that any questions were answered.

## Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients as far as possible within the confines of the contract.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.

- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.
- Audits and assessments had taken place and action plans were developed to address any identified shortfalls or to improve the service.
- There was an effective process for the reporting of incidents, accidents or near misses with learning and actions taken shared with staff.
- Servicing and checks of equipment had been completed in recommended timescales such as servicing of autoclave and x-ray equipment.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance in relation to the chair in the second treatment room.

# 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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from incidents and accidents and actions were implemented and learning was shared with staff.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The dental chair in the treatment room that was used by a self-employed hygienist had tears in the upholstery on the base, back and headrest.

### **Are services effective?**

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

Explanations were given to patients in a way so that they understood and risks, benefits and options available to them.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer and the practice maintained a log of referrals.

Most staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The dentist had not completed MCA training however they had a full understanding of MCA and how they would use it in their role. The dentist was fully aware of the assessment of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained, options were given and that they were given time to be able to ask any questions that they had.

Patients with urgent dental needs or pain were responded to in a timely manner with appointment slots released each day for emergencies.

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

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

# Summary of findings

The practice was well equipped. The waiting area in reception had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice was fully accessible for people that used a wheelchair or those patients with limited mobility however the patient toilet was not adapted and was not large enough for patients with a wheelchair or parents with small children. The practice were unable to make the required changes for this to be improved due to the size of the practice and its grade two listing of the building.

The practice had surveyed the patients and the results showed high satisfaction with no areas for improvement.

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

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

Staff were involved in leading the practice to deliver effective care. Care and treatment records had been audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. There was an appraisal process in place and we saw that staff were receiving an appraisal each year.

The practice had a governance process in place with detailed policies and procedures that were updated by the practice manager and cascaded to all staff. There was a detailed induction for each staff member with review periods in place at one, two and three months.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

# Spilsby Dental Surgery

## 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 took place on 1 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the dentist, dental nurse, receptionist and reviewed policies, procedures and other documents. We reviewed 15 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents, incidents, near misses and complaints. We saw that there had been four incidents reported in 2015 and that they had been investigated and where necessary any actions had been taken and learning disseminated to all staff. We saw that a process of booking patients for appointments had been amended following an incident and staff we spoke with were aware of the incident and also the learning from this.

There was an accident book where staff would record accidents such as needle stick injuries. There had been no accidents reported. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the practice manager if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had not received any complaints either in writing or verbally from patients. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff.

The practice was aware of the duty of candour and staff said that patients would be contacted and apology given when things went wrong. There was a policy in relation to this.

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

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information in the office at reception and on the staff room notice board of who to contact if they had any concerns in relation to safeguarding of children or adults. From records viewed we saw that staff at the practice had completed level two safeguarding training in safeguarding adults and children appropriate to

their roles. The practice manager was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, or the Care Quality Commission if they were not able to go directly to the practice manager. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The practice explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients could be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice had an up to date employer's liability insurance certificate which was due for renewal October 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates of emergency medicines and equipment were monitored by the practice using a weekly check sheet. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

All staff received annual training in basic life support and the use of a defibrillator every January.

# Are services safe?

## Staff recruitment

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that staff members had a Disclosure and Barring Service (DBS) check in place. These are checks to 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.

The practice on occasion used a locum dentist to cover annual leave. We saw a recruitment file for the locum dentist which included references and necessary qualifications, registrations and checks.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff which was documented within the recruitment files that we reviewed. Staff we spoke with told us that they had received an induction when they started and ongoing support and training from the other staff.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included legionella, radiation, fire safety and health and safety.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and there were records that confirmed this. The fire equipment was checked annually by an external company with the last check completed in April 2015.

The practice had a system where policies and procedures were in place to manage risks at the practice. Policies were to be reviewed in March 2016.

The practice had a detailed disaster plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

## Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. Staff were responsible for the general cleaning and the practice employed a cleaner once a week to complete a cleaning schedule of tasks. The dental nurses were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment room, the decontamination room and the toilet facilities.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice used sharps bins (secure bins for the disposal of needles, blades or any other instruments that posed a risk of injury through cutting or pricking). The bins were located out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored in a non-public area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated 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. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A



# Are services safe?

dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. The autoclave and compressor had been serviced annually. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly and there were also audits in relation to these tests to ensure completeness and highlight any areas for improvement.

The dental chair in the treatment room that was used by a self-employed hygienist had tears in the upholstery on the base, back and headrest. The provider was alerted to this as a cross infection risk.

Staff files reflected staff Hepatitis B status. 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 this blood borne infection.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced in January 2016 and the practice's X-ray machines had been serviced and calibrated

in 2015. Portable appliance testing) had been carried out in October 2015. The batch numbers and expiry dates for local anaesthetics were recorded in patients' dental care records.

## Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. We also noted that Health and Safety Executive (HSE) notification had been submitted.

The dentist monitored the quality of the X-ray images and digital processing on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

We saw training records that showed all staff where appropriate had received training for core radiological knowledge in line with the Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R 2000.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentist we spoke with carried out consultations, assessments and treatment in line with recognised professional guidelines. The dentist described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health with discussions and if possible were shown with the use of a mirror. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient's dental care record was updated with the proposed treatment after discussing options with them. A treatment plan was then given to each patient and this included the cost involved were applicable. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums recorded using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. The waiting room and reception area

contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

### Staffing

The practice consisted of one dentist who was supported by three dental nurses. Feedback we received from patients on the Care Quality Commission comment cards said they had confidence and trust in the dentist.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance. We saw the appraisals had taken place annually and that there were personal development plans for staff and training was identified. We observed a friendly atmosphere at the practice. Staff told us that the management were supportive and approachable and always available for advice and guidance.

### Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. The records at the practice showed that referrals were made in a timely way and followed the National Institute for Health and Care Excellence Guidelines where appropriate. The practice had recording system for referrals, the practice kept a log of all referrals that were made and told the patient to come back into the practice if they had not heard anything within two weeks.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were

# Are services effective?

(for example, treatment is effective)

presented with treatment options, and verbal consent was received and recorded. The dentist and staff were also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included

information regarding those who lacked capacity to make decisions. Most staff had completed online Mental Capacity Act 2005 (MCA) training and those that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions.

# 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. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The waiting area was in the main reception area which was open plan. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients around, and for personal discussions a separate area could be used to maintain confidentiality.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 15 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that the practice was clean and tidy and that it was welcoming and friendly. They said that they found the staff offered an excellent and professional service and were polite, attentive and caring. Patients said that explanations about their treatment were clear and that they were given time and all options were fully explained. Patients who were nervous commented how the dentist put them at ease and was reassuring, understanding and that any questions were answered.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. A poster detailing NHS costs and private treatment costs was displayed in the waiting area. The practice did not have a website at the time of the inspection. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet which included the complaints' procedure.

The practice had an appointment system which patients said met their needs. Although the practice did not open on a Friday and closed for lunch none of the feedback we received included concerns in relation to this. There an answerphone message when the surgery was closed that gave details of how to access emergency care with patients been directed to the NHS 111 service.

### Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues.

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice could use a translation service if it was clear that a patient had difficulty in understanding information about their treatment. The practice manager explained they would also help patients on an individual basis if they had mobility problems. There was level access into the building however the door to the practice did not have automatic opening, however practice staff assisted patients when they saw them arriving.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients as far as was possible within the constraints of the contract. Surveys that had been completed and comment cards confirmed this. Where treatment was urgent patients would be seen on the same day or if the practice was closed would be directed to NHS 111.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice was open Monday to Thursday from 8.30am to 5pm and closed on Fridays. The practice was contracted for Tuesday to Thursday only with the NHS and opened on Mondays for the private patients. The patients could book onto any day if they requested private or NHS.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. It also included the details of external organisations such as General Dental Council and NHS England that a patient could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Information for patients about how to make a complaint was seen in the patient leaflet and notice in the waiting area.

The practice manager told us that patients would receive an immediate apology when things had not gone well.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a signing sheet that all staff had completed to say that they had read and understood the policies and procedures and any updates. We also saw that policies such as confidentiality had been signed by each individual staff member and a copy was held on their own recruitment file.

Clinical audits had been undertaken in areas such as radiography and infection control. Non clinical audits such as patient dental records to monitor and improve the quality of care provided had also been carried out. We saw that there were action plans for audits with timescales and also actions that had been completed had been signed and dated when completed by the practice manager. Discussions following audits were cascaded to other staff informally and were also discussed at practice meetings.

### Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the management. They felt they were listened to and responded to when they did raise a concern. Staff told us they enjoyed their work and were well supported by the practice manager.

It was apparent through our discussions with the staff and management that the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice's facilities. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

Practice meetings were held and were minuted. We saw that there were standing agenda items such as human

resources and training and that minutes from the previous meeting were reviewed. As the practice was a small team incidents and other information was often shared more informally at the time rather than waiting for a practice meeting to discuss.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the staff received an annual appraisal; these appraisals were carried out by the owners of the practice. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources and media provision. Staff were given time to undertake training which would increase their knowledge of their role.

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeated audits at appropriate intervals. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current guidelines. There were action plans completed with actions signed and dated when completed. It was not clear that all actions and recommendations had been completed or a timescale for when they would be.

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

Staff told us that patients could give feedback at any time they visited. The practice completed surveys through the NHS friends and family test. The results of this were shown in the waiting area in relation to what the patients had said and then what the practice would do. All comments had been positive.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.