

## 1A Group Dental Practice Partnership

# 1A Dental

### Inspection Report

Werrington Village Health Point  
First Floor  
97 Church Street  
Werrington PE46QF  
Tel: 01733 572821  
Website: [www.1adental.co.uk](http://www.1adental.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 3 June 2015 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

1A Dental is located in Peterborough, Cambridgeshire and has four full time dentists, four dental nurses, and a reception team, and shares a practice manager with

another dentist location. The practice provides primary dental services to private patients and opens on Wednesdays and Thursdays between 9am and 5pm and one Monday a Month for implants.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with four patients and reviewed 24 CQC comment cards which had been completed by patients prior to the inspection. All the comments reflected positively on the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to book an appointment and they found the quality of the dentistry to be excellent. They said explanations were clear and that the staff were kind, caring and reassuring.

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

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made there was a policy that patients were notified about the outcome of any investigation and given a suitable apology.

# Summary of findings

- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies; appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were robust and the practice followed published guidance on the majority of occasions, however, there were minor areas for improvement.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with apologies given if a mistake had been made.
- The practice sought feedback from staff and patients about the services they provided.

# 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 this practice was providing safe care 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 responded to national patient safety and medicines alerts and took appropriate action. Significant events, complaints and accidents were recorded appropriately, investigated, analysed and then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies. Staff had received training in safeguarding, whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. The ordering of important pieces of equipment necessary for effective sterilisation of equipment should be given greater importance. Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and well maintained. We saw that the radiation equipment was used by trained staff only. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice; it was serviced and maintained at regular intervals.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood. Risks, benefits, options and costs were explained. Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act 2005 and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

### **Are services caring?**

We found 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 told us they were listened to and not rushed. Treatment was clearly explained and they were provided with treatment plans. Patients were given time to consider their treatment options and felt involved in their care and treatment.

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

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Information about emergency treatment was made available to patients. A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice had a complaints policy that outlined an intention to deal with complaints in an open and transparent way and apologise when things went wrong.

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

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

## Summary of findings

The practice provided clear leadership and involved staff in their vision and values. Regular staff meetings took place and minutes were taken. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place. The practice sought the views of staff and patients, and there had been a recent patient survey which was due to be repeated. Health and safety risks had been identified which were monitored and reviewed regularly.

# 1A Dental

## Detailed findings

### Background to this inspection

The inspection took place on 3 June 2015 and was carried out by two CQC inspectors and a dental specialist advisor.

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. Prior to the inspection we asked the practice to send us some

information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team and Healthwatch; however we did not receive any information of concern from them.

During the inspection we spoke with dentists, the practice manager, dental nurses and reception staff. We reviewed policies, procedures and other documents. We spoke with four patients and reviewed 24 CQC comment cards which had been completed by patients prior to the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a process in place for reporting and logging any incidents or accidents. These were investigated fully so that learning and improvement could be made if appropriate. Staff were encouraged to be open and report any issues of concern or raise comments to the practice manager. Once investigated, the practice manager raised incidents for discussion at staff meetings. Incidents were also reported to the provider's head office. Records of meetings we reviewed supported this.

We spoke with staff who told us they followed steps to ensure there were no errors with wrong site surgery. For example they ensured they checked with the patient, referred to X-rays and records.

We looked at a complaints policy which clearly outlined the practice intention to apologise if things had gone wrong. There had been no complaints received at the practice within the last 12 months.

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

All staff at the practice were trained in safeguarding and there was an identified lead who was the practice manager. We spoke to various clinical staff, the reception staff and business lead, all of whom were aware of the different types of abuse and who to report them to if they came across a vulnerable child or adult. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a requirement to do so. There had been no safeguarding incidents since this practice had registered.

We spoke with staff and they were all aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However they felt confident that any issue would be taken seriously and action taken by the business manager if necessary.

The practice has a clinical manager who provides company oversight and will investigate any concerns of a clinical nature independent of clinicians in the practice.

We were told that rubber dams were routinely used in treatment and we saw evidence of their presence in the consulting rooms. [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].

### Medical emergencies

We checked that the practice had the necessary emergency medicines and equipment as listed in the British National Formulary (BNF) and the Resuscitation Council (UK) guidelines. We saw that emergency medicines, an Automated External Defibrillator (AED) and oxygen were readily available if required. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

All staff had been trained in basic life support including the use of the defibrillator and were able to respond to a medical emergency. The emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates. We saw that there was regular scenario based medical training and spoke with staff who told us they found the training beneficial.

All clinical staff we spoke with could identify the signs indicating the equipment and drug use and stated they felt confident in their ability to respond should the need arise.

### Staff recruitment

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, part-time staff were contacted to attend the practice and cover for their colleagues. The practice did not employ agency staff but was aware of the checks into qualifications and competencies should this become necessary in the future. Being part of a large corporate group and having other practices in the vicinity this provider was able to use staff from those other areas if needed. The central provider policy was those staff must be all current in terms of training and required checks and we were told this was checked on each occasion and found to be the case. The practice manager had a computerised system that we looked at; this system clearly outlined the staff training and qualifications in terms of new members of staff.

# Are services safe?

The practice policy was to perform Disclosure and Barring Service (DBS) checks on all clinical staff and the receptionist; we looked at the records and found that all these staff had a current certificate of check completed. DBS checks 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 had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at four staff files and found that the process had been followed.

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

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

We saw the practice had commissioned a private contractor to carry out a fire assessment of the building that this had been done in January 2015. Fire extinguishers were serviced and placed at appropriate points in the practice and there had been training carried out for fire marshals.

## **Infection control**

The practice was visibly clean, tidy and uncluttered. We saw cleaning contracts in place and spoke to the dental nurses about how they cleaned the consultation rooms. An infection control policy was in place and a lead had been identified. The policy clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. We looked at the records kept and found that they had been completed correctly. Records held reflected that the quality of the cleaning was being

monitored and feedback given accordingly. We saw that the practice had advertised for a cleaner, the previous one having left a few weeks previously. We spoke with staff who told us that in the interim period the nursing staff were cleaning the building after their clinical duties had been completed. We spoke to the practice manager who was aware of this position and who was taking active steps to address it as soon as possible.

An infection control audit had been carried out on an annual basis for the last two years with the last audit being in May 2015, this reflected that infection control procedures were robust. Where areas for improvement had been identified, these had been recorded then actioned.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed in the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

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. We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health. All instruments were bagged and appropriately stored. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of sterilisation cycles and tests and when we checked those records it was evident that the equipment was in good working order and

# Are services safe?

being effectively maintained. We found that both autoclave machines were not working on the day of our inspection. An autoclave is a device for sterilising dental and medical instruments. One of the machines had not been working since 28 April 2015 and the other had stopped working on the day of our inspection. We asked staff about why the first machine had not been repaired and were told it was due to be replaced, this process had taken some time to gain the necessary approval.

We saw there was sufficient equipment that had been sterilised to operate safely when the machines were being repaired and a policy [DA1] [FA2] to follow that was robust.

Staff told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files examined showed that all clinical staff were up to date with Hepatitis B immunity. We saw an updated internal policy concerning the removal of matrix bands (a matrix band is a metal band used by dentists to secure around the crown of a tooth to confine the restorative material filling a cavity. The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved. An external contractor attended annually to ensure that procedures were in place to reduce the risk to staff or patients. The last visit took place in July 2014 and the practice was graded as meeting the necessary requirements.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and when out of date disposed of in line with published guidance. Medicines in use were checked and found to be in date.

There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We spoke to clinical staff all of whom understood the indications for the use of emergency medicines and stated they felt confident to intervene in the event of emergency.

## Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults occurred and repairs were required these were actioned in a timely fashion.

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 people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. We saw records that indicated the practice was certified until July 2015 before the next inspection of its radiation equipment was due.

[DA1]How were they planning to sterilise instruments used that day?

[FA2]There were enough from other surgeries on the ground floor where the dentists was absent for an extended period. This was the report Sarah is doing for 1A dental - Werrington



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration made whether the patient required an X-ray and whether this might put them at risk, such as if a patient may be pregnant.

The dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included 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 and whether it had changed since the last appointment.

The dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Patients we spoke with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The dentist provided advice to patients to improve and maintain good oral health. Details of discussions between the clinician and their patient were recorded which included dietary advice, the use of fluoride paste and rinses and smoking cessation advice.

The dentist also focused on treating gum disease and giving advice on the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. There was some information available for patients about oral health on the practice website and information leaflets were given out by staff.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentist was aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. CQC comment cards that we viewed and patients we spoke to reflected that patients were happy with the service. The patients said they were always involved with their treatment and parents were satisfied with the services provided for their children.

### Staffing

The practice has four dentists although there was recruitment taking place to add two others on a part time basis; in addition there were four dental nurses. There is a practice manager and a team of receptionists who are supported by head office and regional staff.

Dental staff were appropriately trained and those that were qualified were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

Staff training was being monitored and we found evidence of this in their personal files. The practice had identified some training that was mandatory and this included basic life support and safeguarding. There was a head office based training academy and we saw records that showed staff were being trained both on line and in person. Some of the one to one training included medical emergencies.

All staff had received an annual appraisal. Staff spoken with felt supported and involved in the appraisal process. They were given the opportunity to discuss their training and career development needs and were graded on their performance. Staff told us they felt the process was fair and

# Are services effective?

(for example, treatment is effective)

they felt valued. They told us that managers were supportive and always available for advice and guidance. We spoke with the practice manager who had a programme in place to appraise the staff and we saw evidence of dates where these appraisals were planned.

In addition to the practice manager there is a clinical manager who provides appraisals for the dentists.

The practice does not use locum dentists or nurses but does use staff from other practices within the same corporate group. We saw documents that support an effective induction programme and spoke with the practice manager who conducts and supervises the process. We were shown the programme where the first day was spent with the practice manager to ensure all staff could follow the induction process fully.

Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. Staff meetings were used to seek feedback from staff about possible improvement areas. There was in addition a comprehensive list of written policies in the practice manager's office.

## **Working with other services**

The practice had a policy in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients. We saw evidence of records containing valid consent and patient leaflets were available with up to date British Dental Association (BDA) advice sheets.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

## **Consent to care and treatment**

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read the policy and they had ready access to it.

Staff we spoke with had a clear understanding of consent issues; they understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The dentist we spoke with also explained how they would take consent from a patient if their mental capacity was reduced. This followed the guidelines of the Mental Capacity Act 2005 and included involving any carer to ensure that procedures were explained in a way the patient could understand. The Mental Capacity Act 2005 (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 spoke with two patients and asked them about their care, they both said they felt fully involved in their care and options for treatment. They were able to show the places where costs were advertised and we found these on notice boards in both waiting areas and in the reception.

# Are services caring?

## Our findings

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

We observed that staff greeted patients in a friendly and welcoming way and were respectful. Reception staff told us they were mindful of each patient's right to privacy and they did not disclose personal information that could be easily overheard. If a patient required a more confidential discussion, staff were able to use a room near to reception. Patients we spoke with told us they felt their privacy was respected; staff were welcoming, kind and helpful.

Reception staff told us they had received customer care training. They were sensitive to the needs of patients with anxieties about attending a dental appointment and tried to put them at ease. For example one receptionist told us she had sourced some activity sheets for a family with children to divert their attention and help lower their anxiety while they waited to see the dentist.

We received a total of 24 CQC comments cards completed by patients during two weeks leading up to the inspection.

The cards were all very positive showing that patients valued the service they received. Patients said they found that the surroundings were clean and comfortable and it was a relaxing place to be.

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

We received comments on the CQC cards from patients who told us they received a good level of information about their treatment or general dental needs that enabled them to make choices about their treatment. They also felt able to ask questions about their treatment and raise concerns if they were not happy with the outcome of their treatment. Patients we spoke with confirmed these views.

We spoke with one dentist who gave us examples of individualised care that enabled patients to make their own decisions. Records we checked showed that patients consent had been obtained before treatment plans were progressed.

Records we checked showed that patients consent had been obtained before treatment plans were progressed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice leaflet and website explained the range of services offered to patients. This included regular check-ups (including X-rays and teeth cleaning), fillings, extractions, root canal, dentures, bridges and crowns. The practice undertook mainly private treatments but did see a small number of NHS patients when the need arose to assist the NHS dentist on the ground floor. This ground floor dentist was managed by the same provider. Costs were clearly displayed and were explained to patients during their consultation. The practice had recently changed their policy so that payment was taken from them before they saw a dentist for their check-up. This information had been shared prior to the change and staff reminded patients of this policy during phone calls when relevant.

Staff we spoke with said the practice always scheduled enough time with each patient to assess and undertake their care and treatment needs. Patients told us they did not feel rushed and staff had time to meet their needs. One patient with a disability told us they always had a longer appointment, staff recognised that they needed more time and could not be rushed.

### Tackling inequity and promoting equality

If patients had mobility issues they could be seen on the ground floor of the practice which had good access for people who used a wheelchair. Some services for NHS only treatment were available for patients were offered on the ground floor of a separately registered practice, owned by the provider.

Staff we spoke with were able to give us examples of patients they had treated who required additional support

needs. For example they could be treated on the ground floor if they had restricted mobility. The practice welcomed patients from all cultures and backgrounds although at the time of the inspection they did not have any patients with a limited understanding of the English language. However, they were aware of interpreting services should the need arise, and we were shown the facility to access that service by telephone.

### Access to the service

The practice offered predominantly private treatments but did perform NHS treatments when an associated practice on the ground floor was reaching capacity. The practice offered a range of general dental services and some specialist treatments such as implants. The practice treated private and NHS patients and opened Wednesdays and Thursdays from 9am until 5pm. The practice operated a system to remind patients of their appointment details by email or text messaging if the patient had given permission for this.

### Concerns & complaints

The practice had an appropriate complaints policy in place and the practice manager was responsible for dealing with any complaints received. Information on how to raise a complaint and how it would be dealt with was available on the website and available in written format in the waiting room.

There had been no complaints received within the last year. The practice however did not have a system to ensure that the stages of the complaint, outcomes, learning and the actions taken could be clearly evidenced. Patients we spoke with told us they would raise any concerns they had with the dentist treating them or to the practice manager or receptionist.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had a clinical governance policy in place that was shared with other practices within the group with the practice manager providing local management. The practice is of small size and shares some business functions with the group with commonality of policies.

We saw a business plan in place and staff were able to understand how the company strategy was applied locally.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access. Staff were able to discuss many of the policies and this indicated to us that they had read and understood them. We looked a range of policies and found them to all be up to date; there was a system in place to ensure they were updated regularly.

The staff we spoke with felt supported and remarked on the culture within the practice that encouraged them to contribute. We saw a staff bulletin that is published weekly, this included clinical and administrative updates for staff.

We saw evidence of training and continuing professional development that was supported by management and a proactive style of course allocation; this for example identified potential gaps in learning and provided opportunity for action to address these gaps.

We examined dental care records and these were complete. The practice operates a secure electronic system of notes and we saw evidence of the security in place to protect patient records.

We looked at five staff files and found them complete and contained the relevant information such as pre-employment checks, identity checking, DBS checks, professional registration, learning certificates and appraisals.

The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date. Records had been kept of the checking process.

### Leadership, openness and transparency

The practice manager set standards and ensured they were maintained. Staff were involved with regular team meetings and discussed practice standards. We looked at the records of the team meetings and found that all staff were included and minutes were recorded in detail. The staff we spoke with were aware of all relevant safety and quality issues including learning, we found the culture open and all staff said they felt supported if they had to raise an issue.

We found the procedures in place to record and respond to complaints, complements and comments were robust and contained all the necessary details.

Staff spoken with told us that the manager encouraged them to report safety issues and they felt confident to raise any concerns they had. These were 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 were confident that it would be acted on 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 ethos.

### Management lead through learning and improvement

Regular staff meetings took place and all relevant information cascaded to them. Prior to meetings staff were encouraged to consider items for the agenda and meetings were used positively to identify learning and improvement measures.

The meetings were used to share experience; there was a standing agenda that included opportunities to learn. Staff appraisals were used to identify training and development needs. These would provide staff with additional skills and to improve the experience of patients at the practice.

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

The practice had a process for on-going assessment of patient satisfaction and we saw the results of this on a board in the main waiting room. There was a general theme of satisfaction and this was supported by the patient feedback cards we saw together with reports from the patients we spoke with.

## Are services well-led?

This survey contained items such as how many visits the patient had completed in the last year, waiting times for appointment and their views regarding their treatment.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

We saw that when patients comment on the service via a website called NHS choices, the practice always responded

to the comments. We looked at the comments and found them to be appropriate and that patient's views were respected and valued..Staff we spoke with told us their views were sought at appraisals, team meetings and informally. They told us their views were listened to and they felt part of a team. The practice manager was identified as the first point of contact if they had a point to raise. The manager we spoke with explained to us how they actioned such views.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.