Old Mill Lane Dental Practice Partnership

Mydentist - Old Mill Lane - Formby

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mydentist - Old Mill Lane - Formby is situated in the village of Formby in Merseyside. The practice is part of the Mydentist brand of the IDH group (Integrated Dental Holdings Limited), a national organisation which operates dental practices across the United Kingdom. The Practice offers mainly NHS treatment to patients of all ages and some private dental care services. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has seven dentists, a dental hygienist, five qualified dental nurses and a trainee dental nurse; in addition to three receptionists, two of whom are also dental nurses. The practice manager is also a qualified dental nurse. A visiting dental implantologist provides treatment sessions as required.

The practice has six dental treatment rooms three of which are located on the ground floor, two dedicated decontamination rooms, reception and waiting areas. Patient toilet facilities are on the first floor. There is wheelchair access and disabled parking. Patients with

Summary of findings

restricted mobility and families with pushchairs or young children are seen in one of the ground floor treatment rooms. Opening hours are Monday to Thursday from 9.00am until 6.00pm, Friday from 9.00am until 5.00pm and on occasional Saturdays from 9.00am until 1.00pm.

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 viewed seven CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was positive about the care they received from the practice. They commented that staff put them at ease and listened to their concerns and that they had confidence in the dental services provided.

Our key findings were:

- The practice had systems to assess and manage risks to patients and staff, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients were able to make routine or emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- There were clearly defined leadership roles supporting the practice and systems for sharing information within the practice. Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the provider and practice manager.

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?

No action

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

The practice had systems to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control; the management of medical emergencies and dental radiography (X-rays).

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work. There were sufficient numbers of suitably qualified staff working at the practice.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and past treatment.

The staff received professional training and development appropriate to their roles and learning needs. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

No action

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at seven CQC comment cards patients had completed prior to the inspection. These provided a positive view of the service the practice provided. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Are services responsive to people's needs?

No action

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

Summary of findings

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having telephone, text and email reminder systems in place.

The practice was aware of the needs of the local population and took these into account in how the practice was run for example staff arranged support for patients using both telephone and face to face interpreter services when required.

Are services well-led?

No action 

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

Strong and effective leadership was provided by the provider and an empowered practice manager. Staff told us that they felt well supported and could raise any concerns with the practice manager.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.The practice had systems in place to seek and act upon feedback from patients using the service.

Mydentist - Old Mill Lane - Formby

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.

This inspection took place on the 20 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with nine staff, including the practice manager, an associate dentist, three dental nurses and three receptionists. We also spoke with the regulatory officer from IDH who visited the practice on the day of the inspection. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). One accident had taken place in the last 12 months and the practice had responded appropriately. The practice manager told us no incidents had occurred in the last 12 months.

The practice was aware of their responsibilities under the duty of candour and had guidance in place to support staff. We found the practice responded to concerns and complaints in an open and transparent manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The provider reviewed all alerts and informed the practice manager of all alerts relevant to the dental service. Alerts were shared within the dental team and a record kept for staff to access. We observed a recent medicines alert in June 2016 was discussed at the June staff meeting and included in the newsletter circulated to each practice by the provider.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

The practice followed national guidelines on patient safety, for example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policies and procedures for safeguarding vulnerable adults and children using the service. These were reviewed annually and provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams in the Sefton area. The practice manager was the safeguarding lead for the practice and had been appropriately trained for this role. All staff completed adult safeguarding and child protection training annually. The practice manager told us they were introducing quarterly safeguarding scenario training at team meetings to support staff recognise and respond appropriately to safeguarding concerns.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily and monthly checks were carried out to ensure emergency medicines and equipment were safe to use. The emergency medicines and oxygen we saw were

Are services safe?

all in date and stored in one of the treatment rooms. Staff had completed their annual training in emergency resuscitation and basic life support within the last 12 months. Two members of staff were trained in first aid and first aid boxes were easily accessible.

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. The practice manager checked the professional registration for staff each year to ensure that professional registrations were up to date.

It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the files of four members of staff, two of whom had been recruited in the last 12 months. We found they were well organised and contained appropriate recruitment, employment and training records.

Newly employed dentists attended a one day orientation period in the practice to familiarise themselves with, for example, health and safety requirements and the equipment in the dental practice. They also completed a three day induction programme which included training in CPR, clinical governance and record keeping. Nursing and reception staff completed a twelve week on line induction programme in addition to shadowing colleagues and reading key policies and procedures.

We spoke with two recently employed members of staff who told us they had been fully supported during their induction period, including meeting with the practice manager every month to review their progress and to identify any specific training needs.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire, manual handling and patient safety. The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for sharp instruments, fire, health and safety of the premises and equipment. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager provided appropriate evidence for each risk assessment, including any actions taken, on the provider's tracker system. Records showed they were reviewed annually and the practice acted upon the recommendations.

Fire detection and firefighting equipment such as fire alarms, smoke detectors, emergency lighting and fire extinguishers were serviced annually and checked weekly or monthly in line with the health and safety policy. Three staff were trained to take on the role of fire marshals and an evacuation and fire training session was carried out every six months. The practice manager told us alternative fire drills involved patients in order to check that evacuation procedures were tested in a realistic manner.

The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy contained up to date contact details for staff and support services.

Infection control

One of the dental nurses was the infection prevention and control lead and they worked with the practice manager to ensure the infection prevention and control policy and set of procedures were understood and followed by staff. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Are services safe?

The practice followed guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures. For example, posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed in the treatment and decontamination rooms.

We observed the treatment rooms appeared clean and hygienic; they were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Patients were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for each treatment room which were complete and up to date. We observed that the mops used for cleaning the treatment rooms were stored in accordance National Patient Safety Association (NPSA) guidance on the cleaning of dental premises.

Decontamination procedures were carried out in one of two decontamination rooms and an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination rooms, which minimised the risk of the spread of infection. In both decontamination rooms there was a clear separation and flow from dirty to clean areas to reduce the risk of cross contamination.

The lead nurse for infection prevention and control showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. The practice used a system of manual scrubbing for the initial cleaning process; followed by inspection with an illuminated magnifying glass to check for any debris or damage. The instruments were then cleaned in a washer disinfector and sterilised in an autoclave (a high temperature high pressure vessel used for sterilisation).

Sterilised instruments were placed in sealed pouches with a use by date. There were sufficient instruments available to ensure the service provided to patients was uninterrupted. Staff wore eye protection, an apron, heavy duty gloves and a mask throughout the decontamination process. Emergency eye wash was available in both decontamination rooms.The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

Staff received an update regarding infection prevention and control and hand hygiene annually. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Results from the latest audit in July 2016 showed the practice was meeting the required standards and had an action plan in place.

Records showed a risk assessment for Legionella was carried out in 2015 and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Equipment and medicines

There was a comprehensive system in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

Are services safe?

The practice had systems in place regarding the prescribing, recording and stock control of the medicines used in the practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. NHS prescription pads were securely stored and were stamped at the point of issue to maintain their safe use. A log of all prescriptions issued was retained by the practice to provide a clear audit trail of safe prescribing. The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** Staff authorised to carry out X-ray procedures were clearly named in all documentation and training records that showed all staff, where appropriate, had received training for core radiological knowledge under IRMER 2000 Regulations.

We found there were suitable arrangements in place to ensure the safety of the X-ray equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits for each dentist were carried out every six months. The results of the most recent audit in May 2016 confirmed they were meeting the required standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

X-rays were stored within patients' electronic dental care records. We observed in the patient records any radiographs taken were justified, quality assured and reported in line with Faculty of General Dental Practice Guidance (FGDP).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. For example, we saw details of the condition of the gums 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 by dentists to indicate the level of treatment need in relation to a patient's gums).

Where relevant, preventative dental information was given in order to improve the outcome for the patient. Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken.

The practice kept up to date with current guidelines and research in order to continually 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 antibiotic prescribing and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

Health promotion & prevention

The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

The medical history form patients completed included questions about smoking and alcohol consumption.

Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale and information leaflets to assist patients maintain and improve their oral health.

Staffing

The practice had seven dentists, a dental hygienist, five qualified dental nurses and a trainee dental nurse; in addition to three receptionists, two of whom are also dental nurses. A visiting dental implantologist provided treatment sessions as required. Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. The practice manager maintained a record of all staff training to help ensure staff had the right skills and experience to carry out their work.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice ensured the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice maintained a log of all referrals made and audited it every six months to ensure the referral process was effective.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff had completed training and were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of

Are services effective?

(for example, treatment is effective)

adults who lack the capacity to make particular decisions for themselves. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

The dental care records we looked at showed treatment options and costs were discussed with each patient and then documented in a written treatment plan and consent to treatment was recorded before treatment began.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at seven CQC comment cards patients had completed, the results of the practice's post treatment surveys and the results the NHS Friends and Family Test. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We observed staff were helpful, discreet and respectful to patients.

Staff were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely. We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Paper records, such as signed consent forms and updated medical history forms, were scanned into the patient's dental care record. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. They told us there were always rooms available if patients wished to discuss something with them away from the reception area. Staff had access to training and written guidance regarding information governance, data protection and confidentiality. Staff were prompted to be aware of patients' specific needs or medical conditions via alerts on the electronic dental care records.

Involvement in decisions about care and treatment

The practice provided treatment plans for their patients that detailed possible treatment options with indicative costs where necessary. A poster detailing NHS and private treatment costs was displayed in the waiting area. We saw evidence in the dental care records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area displayed a variety of information including a patient information leaflet which detailed the services the practice offered. The practice website also contained useful information to patients such as opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had appointments available daily to accommodate such requests. Reception staff had clear guidance to help them provide the necessary information to the dentists to assess how urgently the patient required an appointment.

The practice offered Saturday morning appointments when required to meet demand. The practice supported patients to attend their forthcoming appointment by having telephone, text and email reminder systems in place.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had carried out a full risk assessment of the premises in August 2015 and had made adjustments to accommodate patients with limited mobility. A portable ramp was available to access the practice and one of the downstairs treatment rooms was suitable for wheelchairs and pushchairs. An audio loop system was available on the reception counter for patients with a hearing impairment. Staff had accessed telephone and face to face interpreter services when required to support patients.

The practice identified in their access statement in November 2015 that there were no accessible toilet facilities available on the premises and that patient toilets were located on the first floor only. The practice manager told us that, if required, alternative arrangements were made for patients to attend a Mydentist practice with downstairs accessible facilities. Following discussion the practice manager confirmed they would ensure their website and practice leaflet clearly explained what facilities were available at the practice and what choices patients had regarding alternative practices in the local area.

Access to the service

The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. Opening hours were Monday to Thursday from 9.00am until 6.00pm, Friday from 9.00am until 5.00pm and on occasional Saturdays from 9.00am until 1.00pm. There were clear instructions in the practice and via the practice's telephone answer machine for patients requiring urgent dental care when the practice was closed.

The practice supported patients to attend their forthcoming appointment by having telephone, text and email reminder systems in place.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure these were responded to.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the practice and on the practice website.

The practice had received five complaints in the last 12 months, one of which was ongoing. The complaints had been responded to in line with practice policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager had day to day responsibility for running the practice and was supported by senior managers from IDH to monitor the quality of the service provided. There were lead roles relating to the individual aspects of governance such as responding to complaints, risk management, audit, maintenance of equipment and staff support. Staff were clear about their roles and responsibilities within the practice and of lines of accountability.

There was a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies and procedures were in place and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments and the control measures in place to manage the risks relating to fire, exposure to hazardous substances, medical emergencies, safe use of equipment and lone working.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about equality and diversity, data protection and confidentiality. We noted policies and procedures were kept under review by the practice manager on an annual basis and updates shared with staff to support the safe running of the service.

Leadership, openness and transparency

The practice was part of the Mydentist brand of the IDH group, a national organisation and there were clearly defined leadership roles in place. IDH had a clinical support manager who was the lead dentist for a defined area and set of practices in the country. They provided clinical leadership including meeting with the dentists in the practice and providing clinical support as required. The practice manager told us they were supported to do their work through monthly practice manager meetings and weekly telephone contact with their link manager.

Strong and effective leadership within the practice was provided by an empowered practice manager. Staff we spoke with described a transparent culture which encouraged candour, openness and honesty. The practice manager told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result. Written guidance and online training were provided to support staff understand duty of candour within a dental service.

There were effective arrangements for sharing information across the practice including informal meetings and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback. Time was allocated to complete team training, for example for emergency resuscitation and basic life support. Monthly bulletins and clinical newsletters provided the staff with up to date information including new policies, procedures and medical alerts. These were available electronically and on the staff noticeboard.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system for nurses and receptionists, clinical support for dentists from a clinical support manager within the IDH organisation and a rolling programme of clinical and non-clinical audits.

Annual staff appraisals included a six month mid-year review, personal development plan and clear objectives. 1-1 meetings were arranged by the practice manager for all staff on a regular basis. The clinical support manager met with each dentist every three months to discuss training, governance and performance.

Staff were supported to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Staff confirmed they were well supported and had good access to advice and support as well as training opportunities.Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

We reviewed the audits that had taken place during the previous 12 months. They included audits for infection prevention and control, X-ray quality, record keeping,

Are services well-led?

prescriptions and referrals. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings. Where issues arose action plans were in place to identify improvement actions required.

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

The practice had systems in place to seek and act upon feedback from patients using the service; for example, patients were requested to complete a satisfaction survey following any course of treatment. We reviewed the survey results for the last 12 months and found there was a high level of satisfaction with the quality of the service provided. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results for 2016 showed that 97% of patients would recommend the practice. Results from patient feedback were discussed at each staff meeting.

Staff told us their views were sought and listened and they were confident to raise concerns or make suggestions.