

Perfect 32 Dental Practice

Perfect 32

Inspection Report

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Date of inspection visit: 20 June 2016
Date of publication: 12/07/2016

Overall summary

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Perfect 32 Dental Practice is a NHS and private dental practice which offers private dental payment plans. The

practice is located in the centre of Beverley, East Yorkshire. The practice has one treatment room on the ground floor and two on the first floor, a reception area, three waiting rooms, a decontamination room, an office and staff facilities.

There are five dentists (the principal dentist and a partner, two associate dentists and a locum dentist, three dental hygiene therapists, six dental nurses (four of which are trainees) and a practice manager.

The practice is open:

Monday 08:30 – 19:00

Tuesday – Friday 08:00 – 17:00.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

On the day of inspection we received nine CQC comment cards providing feedback and spoke with seven patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be a helpful,

Summary of findings

respectful, friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Review the practice's audit protocols to ensure all audits have documented action plans, learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated July 2013, evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

Are services effective?

We found that 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). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays. The records we checked included a grade and a justification for taking the X-ray. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which they understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Summary of findings

Comments on the nine completed CQC comment cards we received included statements reporting they were involved in all aspects of their care and found the staff to be polite, helpful, caring, and professional and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice was fully accessible to all patients and reasonable adjustments had been made to the practice where possible. The practice had step free access at the side of the building for wheelchair users and pushchairs.

The practice had a complaints process which was accessible to patients who wished to make a complaint. The practice manager recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The registered provider and practice manager were responsible for the day to day running of the practice.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were in line with the guidelines of the National Radiological Protection Board (NRPB).

The practice conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT) for the patients who used the service.

Perfect 32

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 20 June 2016 and was led by a CQC Inspector and a specialist advisor.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the principal dentist and two other dentists, three dental nurses, including the decontamination lead and the practice manager. We saw policies, procedures and other records relating to the management of the service. We reviewed nine CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had six entries recorded in the last 12 months: we saw evidence the events had been processed in accordance with the practice policy. The practice also recorded significant events when they occurred, one had been reported over the past 12 months and addressed.

The practice manager showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

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. Rubber dam

is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth. They also used rubber dam for private dentistry, for the placement of white filling materials.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered provider or the practice manager.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

Are services safe?

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in February 2016.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. 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. If any new materials were introduced a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in November 2013 and followed up by an in house assessment in January 2016. All actions from the risk assessment had been completed and reviewed by the fire services. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. A member of staff had recently completed fire marshal training. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room which 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. There was a wall mounted computer in the decontamination room so if an emergency patient attended the correct instruments could be brought to the surgery preventing any clinical member of staff having to leave the surgery.

There was two sinks for decontamination work in the decontamination room and a hand wash station as no sink was available. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records they had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that 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

Are services safe?

minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

The practice had a Legionella risk assessment completed in July 2013. Hot and cold water temperature checks were in place. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been completed in April 2016.

We saw the fire extinguishers had been checked in January 2016 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The X-ray equipment was located in all surgeries. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider showed us the last annual quality audit of the X-rays taken between January and June 2016. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance. The registered provider worked closely with all staff members to ensure the audit process evolved each cycle to ensure ease of use and full disclosure of results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in June 2016 where action plans were in place to continuously improve the quality of dental care records. These included ensuring X-rays were graded and justified.

During the course of our inspection we discussed patient dental care records with the dentists and checked dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

All subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists and dental hygiene therapists were aware of the patients' present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

Patients' oral health was monitored throughout the practice including referrals to the dental hygiene therapist. This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each x-ray and a detailed report was recorded in the patient's dental care record and also on a database to help collate information for audit purposes.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The reception and waiting area contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The dentists told us they offered patients oral health advice and provided treatment and they were aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with advice about snacking between meals,

Are services effective?

(for example, treatment is effective)

hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process and evidence of this was seen within the patient dental care records.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

One of the dental nurses had produced a smoking cessation information poster that was displayed in one of the waiting rooms. This provided information about smoking and what effects smoking had on oral health.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents and training plans for the year for each staff member. Staff also felt they could approach the registered provider or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the

patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

A television, fish tank and water was available in the downstairs waiting room to help relax patients before their appointments. All waiting rooms had magazines and children's books, colouring in pencils and paper.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website was in development and they were looking to provide patients with information about the range of treatments which were available at the practice. They also wanted a platform to share feedback they had received from patients to show what the practice had done to respond to suggestions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was invited to sit and wait for an appointment if they wished. If the practice was closed the practice answer machine directed patients to the NHS out of hours 111 service.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. They felt all the dentists and hygiene therapists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate all patients. Wheelchair users had access through the side door and a ramp was available to provide access. One of the surgeries was located on the ground floor and was large enough to accommodate a wheelchair or pushchair. The dentists blocked out time to see their own patients in the downstairs surgery if required also availability of the surgery on a Thursday and Friday was in place for all patients who required ground floor access.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients. The practice also had access to online translation services for those whose first language was not English, information leaflets could be translated or enlarged if required.

Access to the service

The practice displayed its opening hours in the premises and on the NHS choices website.

The opening hours were:

Monday 08:30 – 19:00

Tuesday – Friday 08:00 – 17:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine and the practice.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered provider or practice manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received two complaints in the last year, we saw evidence the complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint and providing a formal response. The complaints procedure was displayed in the waiting rooms with contact information about external agencies included.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of the British Dental Association Excel scheme. This provides support for practices to demonstrate a visible commitment to providing quality dental care to nationally recognised standards.

The practice manager was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The registered provider had set up individual staff online accounts that were accessible through a phone application. All staff could access a staffing diary, all policies and protocols, audits and practice meeting minutes.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

We saw the results of the X-ray, patient dental care record and infection prevention and control audit. Some action plans and learning outcomes were not in place to continuously improve the procedures and reduce future risks. This was brought to the attention of the practice manager to review and they assured us this would be included within the next audit cycle.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These 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.

The practice held monthly staff meetings involving all staff members. These meetings were minuted and available through the online application for staff who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager and registered provider were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records, infection prevention and control and X-rays. Each audit cycle was improved upon to ensure the process was user friendly and the information required could be collated easily.

Staff told us they were encouraged and supported to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies, basic life support, infection prevention and control and radiography.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area. The satisfaction survey included questions about whether they were able to book an appointment easily, access to the practice, if the dentists communicated costs and answered any questions which they had.

The practice had also implemented staff satisfaction surveys and these were discussed at the annual appraisal to ensure staff could feedback ideas and concerns.

Are services well-led?

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We saw the practice held monthly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. The practice had daily informal meeting to address any issues that arose.