

Perfect Profiles Limited

Perfect Profiles - Houghton Regis

Inspection Report

27 Bedford Square
Houghton Regis
Dunstable
Bedfordshire
LU5 5ES

Tel: 01582 518 100

Website: www.perfectprofiles.eu.com

Date of inspection visit: 15 March 2016

Date of publication: 19/04/2016

Overall summary

We carried out an announced comprehensive inspection on 15 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

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 Profiles - Houghton Regis is a private dental practice which offers mostly implant treatments, with a small amount of general dentistry to adults (a dental implant is a metal post that is surgically placed into the jaw bone and can be used to support a single tooth restoration. Multiple implants can be used to support a bridge or denture) The practice is situated on the first floor of a commercial property in the centre of Houghton Regis, a town in Bedfordshire.

The practice employs three implantologists (a qualified dentist with training in placing implants) two general dentists, 10 qualified dental nurses, a practice manager, a Care Quality Commission (CQC) manager and a receptionist.

The practice was registered with the Care Quality Commission (CQC) in September 2012.

The CQC manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 received positive feedback from eight patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were

- The practice exceeded essential standards in infection control as set out in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.
- Patients commented that staff were helpful, professional and very supportive throughout their treatment.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Governance arrangements were in place for the smooth running of the practice; however clinical audits did not always have a documented action plan.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for conscious sedation and staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the availability of an interpreting service for patients who do not speak English as their first language.

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 procedures and protocols in place to ensure infection control standards met those indicated in national guidance.

Staff understood the importance of raising a safeguarding concern, they were able to describe the signs of abuse that they would look out for in a vulnerable adult (they do not treat children) and they knew how they would react in such a circumstance.

The practice had medicines and equipment in place to treat medical emergencies in line with national guidelines (with the exception of a spacer for inhaled medication and two sizes of oropharyngeal airways that were purchased immediately following the inspection).

All equipment had been serviced in line with manufacturers' guidelines.

Are services effective?

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

Comprehensive medical history forms were used to inform clinicians of any conditions that might affect patients' treatment.

Clinicians we spoke with described a comprehensive approach to treatment planning and gaining consent to treat involving multiple stages, explaining all the treatment options to the patients and giving them time to consider their options. This was demonstrated in the dental care records where details of this process were recorded.

Full mouth screening, including screening for gum disease was carried out for every patient.

Are services caring?

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

We received feedback from patients which indicated that staff were friendly and helpful. They had a professional demeanour, and were able to put at ease nervous patients.

All patients received a written treatment plan, with costs outlined to take away and consider before treatment starts.

Staff were able to describe the ways in which patients' private information was kept confidential. This included password protected computers, and discussing sensitive information with a patient in a consulting room, rather than at the reception desk in the waiting area.

Are services responsive to people's needs?

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

Appointment length was sufficiently generous to allow for in depth discussion into the patients' requirements and the options available for treatment.

Treatment co-ordinators were utilised to allow for further discussion with patients away from the clinical area with visual aids such as models to help patients understand their treatment.

Summary of findings

The practice had a detailed complaints policy, and we saw that complaints made to the practice were handled in line with the policy and in a timely manner.

Are services well-led?

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

The practice had policies and procedures in place to ensure the smooth running of the service. This included policies on health and safety, infection control, confidentiality and whistleblowing.

Staff were supported in ongoing training, which was overseen by the practice's CQC manager. A tracker was used to highlight if any mandatory training was overdue, and that staff were up to date with their training as set out by the General Dental Council.

The practice used clinical audit as a tool to highlight areas of the service that could improve. Infection control audits were carried out every six months in line with current guidance. An audit of X-ray quality was completed shortly following our inspection, however they had not documented any action plans to improve future results.

Perfect Profiles - Houghton Regis

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.

We carried out an announced, comprehensive inspection on 15 March 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with nine members of staff during the inspection.

During the inspection we spoke with three dentists, and three dental nurses, a receptionist, the practice manager and the practice's CQC manager. We also met with the area manager, the clinical lead, sales and marketing executives and the directors of the company. We reviewed the practice's policies, procedures and other documents. We received feedback from eight patients about the dental 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 report, investigate and learn from incidents or near misses. There was a policy accessible to staff for reporting of incidents or near misses which had been updated on 25 September 2015. This detailed the staff responsibility to report incidents, as well as how to document the incident.

The practice had a document to complete for each significant incident; this included the initial report, the manager's investigation and any learning outcomes that could be taken back to staff to prevent reoccurrence. The document also contained information regarding the reporting of serious incidents to the Health and Safety Executive or the CQC, and whether the incident required a report to be made under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We saw evidence that incidents had been recorded and investigated; apologies issued to patients if appropriate, and evidence in staff meeting minutes that incidents were discussed with staff.

Reliable safety systems and processes (including safeguarding)

The practice had systems and a policy in place regarding safeguarding vulnerable adults. The practice had a safeguarding lead in post, and staff we spoke with were able to identify who that was. Staff had completed safeguarding training appropriate to their role.

Staff had a good understanding of the signs of abuse that would lead them to raise a safeguarding concern, and were aware of how to raise a concern. Contact numbers were displayed on noticeboards around the practice. We saw a recorded incident where a staff member had raised a concern with the safeguarding lead, and procedure was followed in line with the practice's policy.

The practice had an up to date employers' liability insurance certificate. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the management of sharps with staff. Dentists took responsibility for disposing of sharps at the point of use; however they did not use any safety devices to

reduce the risk of inoculation injury. The Health and Safety (Sharp Instruments in Healthcare) 2013 guidance, requires that 'safer sharps' are employed when it is reasonably practicable to do so, and where re-capping has to be carried out, appropriate devices to control the risk of injury to employees must be employed. Following our inspection the practice took steps to meet these regulations.

Medical emergencies

The dental practice had emergency medicines and oxygen to deal with any medical emergencies that might occur. These were located in a central location and staff were aware of where everything was kept.

Emergency medicines were kept in accordance with the guidance from the British National Formulary and were checked regularly to ensure they were within their expiry dates. Oxygen was available, although the checks of this were not being logged.

Emergency equipment for use in a medical emergency was available in line with the recommendations of the Resuscitation Council UK, with the exception of Geudel airways, which were only available in three out of the five sizes (these help to support the airway in an unconscious or semi-conscious patient). Following our inspection we received evidence that the full complement of airways had been purchased.

The practice had an automated external defibrillator (AED) which was located with the rest of the emergency equipment and medicines. Again there were no written records of this being checked, although staff we spoke with assured us it was regularly checked and described the checks carried out. We received assurance on the day that oxygen and AED checks would be logged.

Staff had all completed basic life support training, and some had completed an immediate life support course. This is a course designed for healthcare professionals and teaches not only basic life support and use of an automated external defibrillator, but also teaches to recognise and treat a deteriorating patient. Staff we spoke with were able to describe how to respond in a medical emergency.

Staff recruitment

The practice had a staff recruitment policy in place which detailed the pre-employment checks that would be carried out prior to a staff member joining the service. The Health

Are services safe?

and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We checked staff recruitment files for five members of staff, and found they met the requirements of schedule 3 with the exception of a visiting medical practitioner who performed conscious sedation on the premises. Following our inspection the practice completed the pre-employment checks.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice.

There was a health and safety policy which was available to staff to reference on the computer system or in hard copy in the office. The policy was dated 25 September 2015 and contained information including first aid, personal protective equipment and the control of substances hazardous to health (COSHH) regulations.

A health and safety risk assessment had been carried out in January 2016, an action plan had been generated and completion dates for the actions had been set out.

A fire risk assessment had been carried out in December 2015, which had generated an action plan. A fire safety log book noted the recent servicing of all fire equipment including the emergency lighting and six monthly fire evacuation drills. Staff we spoke with could describe the evacuation procedures and the muster point for staff and visitors outside the building.

There were adequate arrangements in place to meet the COSHH regulations. There was a file of information about the hazardous substances used in the practice, which was updated monthly and actions described to minimise their risk to patients, staff and visitors.

The practice carried out conscious sedation (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice had not carried out any risk assessments or clinical audit on the sedation process, however following our inspection immediate steps were put into place to review the entire sedation process, including inviting the ambulance service into the practice to discuss the access and evacuation procedure for sedation patients.

A sharps' policy detailed the actions to take in the event of inoculation injury with a contaminated sharp; however no sharps' risk assessment had been carried out. The dentists took sole responsibility for disposing of sharps at the point of use which mitigated the risk of injury to the dental nurses however they were not using a 'safer sharps' system, or any accessories to make re-sheathing the needles safer. This was not in accordance with the 2013 Health and Safety Executive regulations; Health and Safety (Sharp Instruments in Healthcare). Following our inspection the practice took immediate steps to meet the requirements of these regulations.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had a series of policies on infection control including decontamination (Decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again), hand hygiene, waste management and personal protective equipment (PPE) which had all been recently reviewed.

The practice had a separate facility for completing the decontamination process and we witnessed a dental nurse undertaking this process. The practice had a robust system in place for cleaning and sterilising dental equipment.

The practice were both manually cleaning and then using an ultrasonic cleaner before sterilising instruments in an

Are services safe?

autoclave. An ultrasonic cleaner is a piece of equipment that cleans instruments by passing sound waves through a liquid. Despite the practice carrying out all required validation on the ultrasonic cleaner we found that it might not have been functioning as effectively as it should, and the practice took immediate steps to remove it. As they were manually cleaning the instruments as well, this did not alter the overall effectiveness of the process.

The sterilising took place in one of two vacuum autoclaves. These allow instruments to be sterilised inside pouches so that when the cycle is complete the pouches just require sealing and the instruments do not need to be handled again. The practice had carried out all the appropriate testing and logging of the sterilisation process so that its effectiveness could be assured.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment had been carried out by an external assessor on 14 August 2015. This had highlighted actions to reduce the risk of Legionella contamination. We observed that these actions had been implemented by the practice. In addition the practice carried out appropriate flushing and disinfecting of the dental unit water lines.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

We examined the practice's protocols for storing and disposing of clinical and contaminated waste. The waste was stored appropriately in a locked bin within a secure location, and the practice had contracts in place to remove the appropriate segregated waste.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out the full range of dental procedures that they offered. We also saw appropriate sterile medical gowns and drapes for use when placing implants.

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Pressure vessel testing had been carried out on the autoclaves and compressor within the last year to ensure they functioned safely.

Glucagon is an emergency medicine which is given to diabetics in the event of a hypoglycaemic attack (low blood sugar). It needs to be stored within two to eight degrees Celsius in order to be valid until the expiry date. Although the medicine was being kept in a fridge, the temperature of the fridge was not being monitored. We raised this with the practice manager who took immediate steps to store the medicine appropriately, and altered the expiry date to account for the fact that the temperature of the cold storage could not be assured.

The practice offered conscious sedation - (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

We found that the practice carried all the appropriate equipment and medicines to safely carry out this procedure; however some of the record keeping lacked important detail. In addition the practice was not aware of the updated guidance issued in 2015 and, did not have a plan in place to achieve the standard outlined in the 2015 guidance. Immediately following our inspection the practice began a comprehensive review of the sedation procedures, including introducing new observation templates and auditing records with the aim of attaining the standards set out in the 2015 report of the Intercollegiate Advisory Committee for sedation in Dentistry; Standards for Conscious Sedation in the Provision of Dental Care.

The practice kept antibiotic and painkilling medicine on site, this was kept securely and logs kept of batch numbers, expiry dates and who the medicine was dispensed to. This was in line with the practice's prescribing policy, and safe management of medicines which had been reviewed in September 2015.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice had two X-ray machines; the first was an intro-oral X-ray set, which took images of a few teeth at a

Are services safe?

time. The second was a combined machine which took conventional two-dimensional panoramic X-rays of the jaws, as well as a cone beam computed tomography (CBCT) machine.

A CBCT machine takes three dimensional images and can provide a sectional view through the jaw bone in a specific area. This gives a detailed view of where and implant might be able to be sited. The machine was installed in September 2015, and all relevant staff had undergone training to use it.

The practice kept a radiation protection file which detailed those persons responsible for the X-rays, and a list of staff who were qualified to take the radiographs (of which some were dental nurses who had received the required

training). Schematics of the room where the X-ray equipment was kept noted the controlled areas where someone standing might be subject to radiation scatter from the machine.

The images generated were all digital (generated on computer), which were available almost immediately and require a lower dose of radiation to the patient. All X-rays were graded and a note of that grade made. This was in accordance with the IR(ME)R guidelines. The practice kept aside copies of any radiographs that were deemed 'not clinically useful' to use as training examples.

In this way the effective dose of radiation to the patient was kept as low as reasonably practicable.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with three dentists (two implantologists and one general dentist) and we saw patient care records to illustrate our discussions.

Medical history forms were given to the patient to fill in when they first attended the practice. These were comprehensive and asked specific questions regarding smoking, and use of a specific family of medications, both of which could impact the outcome of implant surgery. The forms were re-checked by the patient and signed at every visit.

The patients were also given an implant assessment questionnaire to complete, this began to establish the dental health of the patient, as well as understanding the expectations of the patient regarding implant placement.

Dental care records indicated that staff were undertaking routine oral screening and checking gum health on every patient. Gum health had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to patients' gums. Higher figures would trigger further investigation, referral to a dental hygienist, or to an external specialist.

The practice had undertaken to carry out an extensive programme of external audit. Implant trained external auditors were looking comprehensively at all aspects of the treatment planning, radiographs, treatment and record keeping for individual clinicians. At the time of the inspection this work had not yet been completed, but we were able to see the 50 points that would be audited for each case.

Health promotion & prevention

Medical history forms that patients were asked to fill in included information on alcohol and nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease. However the practice did not have oral health leaflets that would offer an opportunity for

the patient to take the information home and revisit the advice given. The implant assessment questionnaire also asked dental questions regarding oral hygiene measures carried out.

Feedback we received from patients through our comment cards indicated that hygiene was a focus throughout the treatment.

Staffing

The practice employed three implantologists (a qualified dentist with training in placing implants) two further general dentists, 10 qualified dental nurses, a practice manager, a Care Quality Commission (CQC) manager and a receptionist. The practice demonstrated appropriate staffing levels, and skill mix to deliver the treatments offered to the patients.

Dental nurses were supported to achieve extended competencies, and to this end four dental nurses had completed the training in taking X-rays, with a further one currently undergoing the training.

Two dental nurses had completed training in conscious sedation although the practice had not reviewed staff training requirements in conscious sedation as set out in The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. Following our inspection the practice began a comprehensive review of the sedation procedures with reference to this document.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control, radiology and fire awareness training.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves. Referrals were made for complex root canal treatment as well as severe gum disease.

Any lesion that was suspicious for oral cancer was referred to the hospital. The letter and photographs were sent by recorded delivery to ensure they arrived in a timely manner, and the practice followed this up with a phone call to confirm receipt.

Consent to care and treatment

During our inspection we asked clinicians how they ensured that they received full, valid and educated consent from patients to treatment. They discussed the processes involved in gaining consent from patients and illustrated this using the dental care records of the patient.

There was a clear and robust process in place, involving multiple stages of patient discussions and detailing the options for treatment, as well as the costs involved. Dental care records detailed these discussions.

The practice used the role of treatment co-ordinator to allow patients the time to talk through the options away from the treatment room, with models and information leaflets to help illustrate the discussion.

All patients were then provided with a written treatment plan and consent form to take away and consider their options before returning for treatment if they wished to proceed.

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. The practice had a policy dated July 2015 which highlighted the principles of the MCA, but not all staff had undertaken training. Following our inspection the practice has begun a programme of training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Information we received from patient feedback indicated that the staff were professional, helpful and friendly, with comments also indicating that they were able to make very nervous patients feel at ease, and were very supportive throughout the course of treatment.

We spoke with the reception staff to ask how patients' private information was kept confidential. It was demonstrated that the computers at reception were below the height of the counter and so could not be viewed from standing at the desk. All computers were password protected, and any paper records were kept out of sight. This was underpinned by a confidentiality policy dated September 2015.

Staff also told us that they would take patients to a consulting room if they needed to have a sensitive discussion.

Involvement in decisions about care and treatment

All patients were provided with a written treatment plan to take away and consider their options, they were also given time with a treatment co-ordinator to discuss any concerns.

Patient feedback that we received reported that they felt fully involved in decisions about their care; many opportunities were afforded them to discuss their treatment and costs involved. Discussions with patients were recorded in the dental care records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We examined appointments scheduling, and found that ample time was given for each appointment to allow for assessment and discussion of patients' needs.

At the time of our inspection, the practice was undertaking a trial of opening on a Saturday morning to better meet the needs of patients who might have commitments during normal working hours.

Reminders of appointments were sent out to patients by post and staff also confirmed appointments by telephone. The waiting room had wireless internet for patients' use.

On the waiting room wall there was a patient feedback display entitled 'You Spoke – We Listened' detailing changes that had come about from patient feedback, this included a request for Saturday appointments that was being trialled at the time of our visit.

As the practice was a referral centre patients travelled long distances to visit. Staff were mindful of this and tried to be considerate to patients who were travelling some distance. For example for simple stitch removal the practice would contact facilities closer to the patient's home to undertake this, rather than have the patients travel such a distance again.

Tackling inequity and promoting equality

Staff we spoke with indicated that they welcomed patients from diverse backgrounds and cultures, and they were all treated according to their needs.

Staff described how they responded to the individual needs of patients. A note would be placed on a file of a patient with restricted mobility so that staff would be available to help them up the stairs. We were told how extra time was allocated for the appointments of patients who might need it, such as the visually or hearing impaired.

Staff we spoke with said they did not currently have any patients who required a translator, and were not aware of how they could go about getting one should the need arise.

Access to the service

The practice was open from 9am to 5.30pm Monday to Friday, and occasional Saturday mornings (on trial).

Emergency appointments were not set aside, however emergency patients were mostly seen on the day they contacted. Where possible with their own clinician, but could be seen by another if their clinician was not working that day.

Out of hours the practice gave a mobile phone number to patients. This was held by one of the dental nurses who could use the practice's emergency and urgent care policy to triage patients. This detailed a flow chart and indicated when she should advise the patient to attend A&E, and when they could be seen the following day at the practice.

The practice was not accessible to wheelchair users, however the provider had a second branch within the group that was wheelchair accessible and so patients who required it were directed there.

Concerns & complaints

The practice had a complaints policy in place. This was available to staff and was also on display in the waiting area. It was also available via the practice's website.

We saw records of the complaints made to the service within the last year. Complaints were dealt with in line with the practice's policy, and apologies issued to patients in a timely manner (where appropriate)

We saw evidence that a meeting in December 2015 had included a detailed discussion on complaints received. It sought to establish any themes, and why complaints were being made. As a result of this meeting the practice commissioned external auditing of the process from initial patient contact to the completion of treatment to highlight any areas that could be improved in light of the complaints.

Are services well-led?

Our findings

Governance arrangements

The management team of the practice was extensive, with a practice manager, CQC manager, area manager, clinical director and company directors. The roles of each, however were well defined and dental nurses and receptionists that we spoke with were clear in the responsibilities of each. To avoid confusion staff were told to report any concerns to the practice manager, and they would escalate the concern to the appropriate member of the team.

Certain staff had lead positions, such as safeguarding lead, and infection control lead, and all the staff we spoke with were able to identify these individuals.

The practice had policies and procedures in place to support the management of the service, and these were readily available either through the computer system or in hard copy form for the staff to reference. These included a complaints policy, safeguarding, and infection control policies, as well a health and safety policy, whistleblowing policy.

Risk assessments were in place to minimise risks to staff, patients and visitors to the practice, these included health and safety, legionella and Control of Substances Hazardous to Health.

Practice meetings were carried out every three months and minutes of those meetings were available for staff to reference. In addition weekly morning meetings took place before the practice opened as an opportunity for staff to highlight any particular challenges for the week.

The CQC manager had access to an audit tool which highlighted when areas of practice were due for renewal / service, and also tracked the training undertaken by the staff.

In this way the practice were able to keep up to date with all the governance arrangements required to safely run a dental practice.

Leadership, openness and transparency

Staff reported a culture of honesty throughout the practice, where staff were encouraged to raise concerns and comments about the service. They felt comfortable to approach any of the management team, but expressed that they were most likely to speak to the practice manager.

The practice had a whistleblowing policy. This was dated September 2015 and detailed the ways in which staff could raise concerns about the behaviour or practices of a colleague.

Learning and improvement

The practice had systems in place for continuous learning through clinical audit and training of staff.

Infection control audits had been carried out every six months, action plans had been drawn up and completion dates logged when the improvements had been completed.

The practice had not completed a recent audit of X-ray quality due to it being covered by the external auditors' work that had not been completed at the time of our inspection. Following our inspection the practice carried out an internal audit of radiograph quality, with specific results for each operator so that areas of concerns could be identified. However, no action plan had been drawn up following completion of the audit.

Similarly record keeping was another area to be covered by the external auditors, but the practice had also carried out an internal audit, although it too lacked an action plan for improvement.

The CQC manager had a tracker document to record the continuous professional training of all the staff. This detailed specifically regarding mandatory training so that the CQC manager could be assured that the staff were up to date with the requirements of the General Dental Council.

In house training meetings took place once a month. For these meetings the practice manager set a topic and a group of staff would be tasked with researching it, putting together a presentation and presenting it to the rest of the practice. A recent topic was Legionella.

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. The practice invited patients to write a testimonial following their treatment. In addition the feedback board in reception highlighted several areas where the practice has implemented change at the request of the patients.

Are services well-led?

Staff we spoke with commented that feedback was always welcomed by any member of the management team, and that would be welcome informally or formally.