

Evergreen Dentistry Ltd

# Evergreen Dentistry Ltd

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 2 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Evergreen Dentistry is located in the Colchester Borough of Stanway. The premises consist of three treatment rooms, two decontamination rooms, and administration and staff rooms, over two floors. There is a spacious waiting area with information leaflets available.

The practice provides private dental services and treats both adults and children. They also offer NHS and private orthodontic service. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns tooth whitening and oral hygiene.

The staff structure of the practice comprised of two principal dentists (who are the owners) and have additional special interests in orthodontics, one general dentist one hygienist and four dental nurses that also cover reception. One of the principal dentists 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 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 45 completed comment cards and all of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to

# Summary of findings

book an appointment and they found the quality of the dentistry to be very good. They said explanations were clear and that the staff were kind, caring and reassuring. Patients also commented about the availability of a dentist when urgent treatment was required.

## **Our key findings were:**

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- There were effective systems in place to reduce the risk and spread of infection.
- There were systems in place to check all equipment had been serviced regularly.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Document and share their analysis of incidents or near misses. Ensure medication requiring refrigeration storage is stored in a specialist medicine fridge with temperatures being recorded.
- Provide further charting for patients who are graded with a high basic periodontal examination score.
- Review and update staff knowledge and understanding of the Mental Capacity Act 2005 (MCA).

# 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 systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service and staff were aware of practice procedures and were following them. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. A system was in place to record significant events, complaints and accidents. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Infection control procedures were robust and staff had received training. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice.

### **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 such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

### **Are services caring?**

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

The staff provided patients with treatment that was personalised specifically for them. Their treatment assessments took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

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

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

# Summary of findings

Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet. Staff told us all patients who requested an urgent appointment would normally be seen the same day. They would see any patient in pain, extending their working day if necessary.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

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

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

Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practice's vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

# Evergreen Dentistry Ltd

## Detailed findings

### Background to this inspection

This announced inspection was carried out on 2 September 2015 by an inspector from the Care Quality Commission (CQC) and a specialist dental advisor.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received.

During the inspection we viewed the premises, spoke with two dentists and three dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 objectives and a record of any complaints received in the last 12 months.

We obtained the views of 45 patients who had completed CQC comment cards

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Systems were in place to record incidents and the health and safety policy informed staff of their process. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists. We saw evidence that incidents were documented, investigated and reflected on by the practice. Patients were told when they are affected by something that went wrong; they were given an apology and informed of any actions taken as a result. We saw practice meeting notes and staff spoken with confirmed that lessons learnt from incidents were discussed at meetings and mitigating actions shared. However there was no analysis of incidents or near misses documented.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the lead dentist. On speaking with staff they displayed a satisfactory knowledge of the alerts that affected dental practices. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available. Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk identified was recorded and graded. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

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

All staff at the practice had received safeguarding training that was relevant, and to a suitable level for their role. The registered manager was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This

was confirmed by certificates seen in their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding issues reported by the practice to the local safeguarding teams.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded electronically in the patient's dental care record.

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 had undertaken a sharps risk assessment to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. 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 regular checks were carried out to ensure the emergency medicines were safe to use and the expiry dates were documented to prompt re-order when required. However there was no formal check of the AED to ensure fitness for use. We discussed this with the primary dentist who told us they would include it in the checks

# Are services safe?

immediately. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

## Staff recruitment

The practice had systems in place to ensure sufficient numbers of suitably qualified, competent skilled staff were deployed to make sure patients care and treatment needs were met. The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was required. We looked at three staff files and found that the process had been followed. Each file contained the necessary documentation to confirm that staff were suitably trained and qualified.

The practice had one full time dentist and two part time dentists that undertook orthodontic treatments; with four qualified nurses who also worked in reception. The dentist told us that there were always three nurses working at the practice and therefore always an extra member of staff available. On the day of the inspection we saw there were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff were able to cover for each other.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager and principal dentist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

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

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed

hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

## Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised, these processes were compliant to relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The



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treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view.

## Equipment and medicines

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

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order. We saw that drugs requiring refrigeration were being stored

in the staff fridge. This fridge was not having its temperatures recorded and contained food. This was discussed at the feedback session and the principal dentist assured us they would purchase a specialist drug fridge.

## Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays on a regular basis and records were being maintained. For example, we saw an audit on the quality of X-rays carried out in February 2015 which did not identify any issues. This ensured that they were of the required standard and highlighted any areas for improvements, which were acted upon and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.



# 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. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and General Dental Council (GDC). This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. The 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. This was documented and also discussed with the patient.

Records viewed showed that an assessment of periodontal tissue was undertaken each assessment using the basic periodontal examination (BPE) screening tool. The BPE is a screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. Different BPE scores should trigger further clinical action. We checked a sample of patients' records and found BPE scores were being recorded however patients that should have further charting due to a high score did not have this documented.

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 was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving

their consent to treatment. The comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health. We saw training records where the dentist and the staff had attended core training which included training on smoking cessation and oral cancer.

We saw evidence and the dentist was able to provide specific examples where they had advised children and their parents attending the practice for consultation with advice on the steps to take to maintain healthy teeth. However, the dentist was not aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. They told us that they will be following this toolkit following the visit.

### Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example implants or endodontics. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

## **Consent to care and treatment**

The practice had policies and procedures in place for obtaining patients consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed

consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option. Patients told us the dentists were good at explaining their treatment and answering questions.

Training records we looked at showed that staff had not attended Mental Capacity Act 2005 (MCA) training. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentist we spoke with was not fully aware of or understood the implications of the MCA within dentistry. They said they would look into training in the near future. Other staff we spoke with could not demonstrate a sound understanding of how the MCA act was applicable to the practice

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a private area or a free surgery was available for use. Staff members we spoke with told us that they never asked patients questions related to personal information at reception. Instead they showed them details such as their date of birth and address on record and asked them to confirm.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

A patient we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. A patient commented how the dentist and staff spoke with them about 'normal things' during treatment to reduce nervousness and anxiety about their treatment. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities.

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

A patient we spoke with told us that the dentist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and that explained the costs involved.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in leaflets. The services provided include NHS and private orthodontal, and private general dentistry which included preventative advice and treatment, routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen that day; each dentist had designated time slots for emergency appointments.

Patients commented 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 beyond their appointment time slot.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy that staff were required to read. This supported them in understanding the different types of cultures and beliefs of some of their patients. We looked at staff files and saw that they had attended training as part of their continuing professional development (CPD) in ethical and legal issues. The dentist and staff explained that this training covered issues around equality and diversity. The dentist and staff we spoke with displayed understanding of the cultural needs of some of their patients.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary. Saturday appointments were available.

Comment cards we reviewed and a patient we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting. They said they had no problems obtaining an appointment of their choice.

The arrangements for obtaining emergency dental treatment were clearly displayed outside the surgery, in the waiting room area and in the practice leaflet.

Staff we spoke with told us that patients could access appointments when they wanted them and patients we spoke with and comment cards we viewed confirmed this.

### Concerns & complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for dentists in England. There was a designated responsible person who handled all complaints in the practice. Patients were provided with some information in the patient information leaflet which described how complaints would be dealt with and responded to. Staff told us they raised any formal or informal comments or concerns with the lead dentist to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet.

We reviewed the complaints received over the last 12 months which had been responded to in accordance with their policy. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken.

# Are services well-led?

## Our findings

### Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw systems and processes were well established and operating effectively to evaluate and seek improvement in their governance and auditing practice.

Risks associated with dental treatments including risks of infection control and unsafe or inappropriate treatments, premises and fire had been recognised and there were plans in place to minimise these risks.

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Records relating to the treatment of each patient were kept electronically. We saw that the records kept were complete, legible, accurate and up to date. The practice had policies and procedures to support staff to maintain patient confidentiality. These included confidentiality and information governance policies and record management guidance. Patients' care records were stored electronically; password protected and regularly backed up to secure storage.

### Leadership, openness and transparency

The team consisted of four dental nurses, a full time dentist and two part-time dentists that specialise in orthodontics. Staff told us that meetings took place weekly and there were notes kept of who attended and what was discussed. We were shown the log book of the notes and they confirmed subjects discussed, however there was no process in place to summarise the issues raised or actions taken. We discussed this with the registered manager and they said they would summarise meetings every four to six weeks. Staff spoken with were aware of all relevant safety and quality issues including learning.

There was no practice manager but it was clear that the dental nurses worked as a team to deliver an effective service. One of the dental nurses took a lead role in many of lead roles in conjunction with the dentist. Staff spoken

with felt empowered and told us that the dentist encouraged them to report safety issues and they felt confident to raise any concerns they had. These were discussed openly at staff meetings where relevant.

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

### Learning and improvement

The practice had a proactive audit programme where systems and processes were continually reviewed to ensure they remained fit for purpose. For example we saw three completed audit cycles of yearly X-ray audits. 2015 audit was yet to be analysed but they had identified a decrease in performance in one area and had implemented and action plan. Three completed audit cycles record keeping with an improvement score each year. We saw analysis of these audits to identify where quality and/or safety may have been compromised and identified responses made to mitigate reoccurrence.

Staff told us they had good access to training and the registered manager monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice actively encouraged feedback about the quality of care. Feedback was listened to, recorded and responded to as appropriate. Positive and negative feedback was analysed and outcomes were used to drive improvement forward. The most recent patient survey in 2014 showed a high level of satisfaction with the quality of service provided. The practice gave patients the opportunity to complete the NHS friends and family test, which is a national programme to allow patients to provide feedback on the services provided. We looked at the results from the friends and family test. We saw that 100% of patients who participated were either extremely likely or likely to recommend the practice.

## Are services well-led?

Staff we spoke with told us their views were sought informally and also formally during practice meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.