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B J Julius Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

B J Julius Dental Practice is situated in the Rossington area of Doncaster, South Yorkshire. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services include preventative advice and treatment, routine restorative dental care and orthodontics.

The practice has four surgeries, a decontamination room, a waiting area and a reception area. The reception area, waiting area and one surgery are on the ground floor. The other three surgeries and the X-ray room are on the first floor. There are accessible toilet facilities on the ground floor of the premises.

There are five dentists (including one orthodontist), a dental hygienist, five dental nurses, a decontamination assistant, a receptionist (who is also a qualified dental nurse) and a practice manager. They also employ a domestic.

The opening hours are Monday to Friday from 9-00am to 5-00pm.

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.

Summary of findings

During the inspection we spoke with eight patients who used the service and reviewed 50 completed CQC comment cards. The patients were all positive about the care and treatment they received at the practice. Comments included that the staff were polite, friendly and professional and the surgery was clean and in excellent condition. They also commented that were involved in decisions about treatment and it was well explained.

Our key findings were:

- The practice appeared clean and hygienic.
 - The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
 - Staff were qualified and had received training appropriate to their roles.
 - Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
 - Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
 - We observed that patients were treated with kindness and respect by staff.
 - Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
 - The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
 - Patients were able to make routine and emergency appointments when needed.
- There were areas where the provider could make improvements and should:
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result
 - Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the Health and Safety Executive –Approved Code of Practice L8: Legionnaires' disease. The control of legionella bacteria in water systems.
 - Review the practice's process for the validation of the autoclaves giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
 - Review the practice's audit protocols for infection control giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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 a policy relating to the reporting of incidents or accidents. Incidents or accidents were not always fully recorded in the accident book.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced. Some improvements should be made to the validation processes of the autoclaves.

No action



Are services effective?

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The dentists were aware of best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

No action



Are services caring?

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

During the inspection we spoke with eight patients who used the service and reviewed 50 completed CQC comment cards. Comments included that the staff were polite, friendly and professional. They also commented that were involved in decisions about treatment and it was well explained.

No action



Summary of findings

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There was an effective process for seeing patients the same day for emergencies.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to allow persons with a disability or limited mobility to access dental treatment.

No action



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 practice manager was responsible for the day to day running of the practice.

Effective arrangements were in place to share information with staff by means of regular practice meetings.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. We noted that they had not yet completed the Infection Prevention Society (IPS) self- assessment audit.

They conducted patient satisfaction surveys and were currently undertaking the NHS Friends and Family Test (FFT).

No action



B J Julius Dental Practice

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 led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we spoke with eight patients who used the service and reviewed 50 completed CQC comment

cards. We also spoke with two dentists, two dental nurses, the decontamination assistant, the receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We reviewed the incidents which had occurred and these had been documented by the practice. We saw that there was no documentation of what actions had been taken as a result of the incident. For example, we saw that an accident involving a sharp instrument there was no documented evidence in the accident book that the staff member had visited occupational health. There was evidence in the staff member's personal file that they had visited occupational health but this should also be documented in the accident book. We discussed this with the practice manager and we were assured that a more robust accident reporting procedure would be followed.

Staff understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child and vulnerable adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice manager was the safeguarding lead for the practice and all staff had undertaken the appropriate level of safeguarding training. Staff were knowledgeable about the signs and symptoms of abuse or neglect and were aware of whom to report them to.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a safe needle device, a protocol whereby only clinicians handle sharps and guidelines about responding to a sharps injury (needles and sharp instruments).

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

We saw that patients' clinical records were computerised, and password protected to keep people safe and protect them from abuse. Any paper documentation relating to patients was locked away in secure cabinets when the practice was closed.

Medical emergencies

The practice had procedures in place 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). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kit was kept. The practice had an Advisory 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 and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed weekly checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured that the oxygen cylinder was full, the AED battery was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal

Are services safe?

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. We reviewed records of staff recruitment and these showed that all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. There were policies and procedures in place to manage risks at the practice. These included risks associated with fire, manual handling and slips, trips and falls. We saw that staff conducted weekly fire alarm tests and conducted regular fire drills.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. Staff were aware of the COSHH folder and when to reference it. The practice identified how they managed hazardous substances in its health and safety and infection prevention and control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures. The receptionist was responsible for the COSHH folder and added new materials or substances when they were introduced to the practice.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. One of the dental nurses was the infection control lead. The practice had a decontamination assistant who was responsible for carrying out the decontamination and sterilisation procedures.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The decontamination assistant showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice manually cleaned the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave (a device for sterilising dental and medical instruments). The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had some systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. We noted that there were some deficiencies with the validation of some equipment. For example, the practice did not

Are services safe?

regularly back-up the data loggers and the helix test was not carried out on one of the vacuum autoclaves. We raised these issues with the practice manager and were told that further training would be carried out for all staff.

The practice had not carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw this audit was completed within 24 hours of the inspection and the results showed that the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, the use of a water conditioning agent in the water lines and flushing infrequently used outlets. We noted that the practice did not record hot and cold water temperatures. Staff told us that they were informed by the company who carried out the risk assessment just to see whether the water was hot or cold by touch. We discussed the advice from the Health and Safety Executive –Approved Code of Practice L8: Legionnaires' disease The control of legionella bacteria in water systems. This states that water temperatures should be taken and recorded. We were told that a thermometer would be used to take the temperatures of hot and cold water.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave and the compressor. The receptionist kept a log of when each piece of equipment required servicing. We saw evidence of regular servicing of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in June 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

NHS prescriptions were stamped only at the point of issue to maintain their safe use. Prescription pads were kept locked away at night to ensure they were secure.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We saw that action plans were formulated for each audit to continuously improve the quality of X-rays.

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 dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. We saw evidence of different recall intervals depending on the patients' risk factors.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

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, quality assurance of each x-ray and a report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride

varnish to children who attended for an examination. Fissure sealants were applied to children at a high risk of dental decay. High fluoride toothpastes were prescribed for patients at high risk of dental decay.

Patients would be given oral hygiene advice specific to their needs. This included advice about tooth brushing, interdental cleaning and dietary advice. We were also told that the dentists would use disclosing tablets to show children where they had not been brushing correctly.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients where appropriate. Patients would be made aware of the link between smoking and gum disease and oral cancer. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included the location of emergency medicines, arrangements for fire evacuation procedures, the COSHH folder and the decontamination procedures. We saw evidence of completed induction checklists in the recruitment files.

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 practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

The practice used a dental hygienist. Dental hygienists are trained dental care professionals who are qualified to undertake periodontal treatments and provide oral hygiene advice or treatments. The dentists would refer patients with more advanced gum disease to the dental hygienist.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents.

Are services effective?

(for example, treatment is effective)

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. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including oral surgery and sedation.

The dentists 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, a summary of the letter was recorded in the records and then scanned into the dental care records for future reference.

The practice had a procedure for the referral of a suspected malignancy. This involved a telephone call to the local hospital which was followed up by a letter. There were contact details for the local hospital available behind the reception desk.

Consent to care and treatment

Patients were given appropriate verbal and written 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 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 understood the concept of Gillick competency with regard to gaining consent from children under the age of 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a copy of a treatment plan which outlined the proposed treatment with the associated costs.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that 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. Dental care records were not visible to the public on the reception desk. We observed the staff working on the reception desk to be helpful, discreet and respectful to patients. Staff were aware that no personal details should be discussed at the reception desk to ensure the dignity of patients. They also told us that if a patient wished to speak in private, an empty room would be found to speak with them.

When treating children the dentists told us that they would acclimatise the child by starting off with simple treatments such as applying fluoride varnish. This allowed the dentist to gain the trust of the child in order to carry out more invasive procedures. They would also only use “child friendly” terminology and avoid using words which could be perceived as being scary to a child.

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. For example, we were told that they would use computer animations or videos to help describe treatments or procedures to patients. They would also use pictures and provide leaflets to aid understanding.

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 that patients who requested an urgent appointment would be seen the same day. We were told that the practice did not have dedicated emergency slots as they found that these were not always filled. Instead they fitted in emergency patients around regular appointments. We looked at the dental care records of some emergency patients which had been seen and we saw that the appropriate treatment had been carried out at these appointments. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included ramp access to the premises and a ground floor accessible toilet. The ground floor surgery was large enough to accommodate a wheelchair or a pushchair. We were told that the ground floor surgery would be used for those patients who could not manage the stairs.

Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet. The opening hours are Monday to Friday from 9-00am to 5-00pm.

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the 111 service on the telephone answering machine. Information about the out of hour's emergency dental service was also displayed in the window of the practice and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice's information leaflet. 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 practice manager to ensure responses were made in a timely manner. Staff told us that they aimed to resolve complaints in-house initially. The practice had not received any complaints in the last 12 months.

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. This included acknowledging the complaint within 24 hours and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. Staff were aware of the location of the policies.

We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective 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 fire, manual handling and slips, trips and falls.

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

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. 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 would be discussed openly at staff meetings where appropriate and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held staff meetings every two months. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as audit results, health and safety issues and administrative issues were discussed.

All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, 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's ethos.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records and X-rays. We looked at the audits and saw that the practice was performing well. However, where improvements could be made these were discussed at staff meetings and followed up by a repeat audit.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. 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. These included carrying out six-monthly patient satisfaction surveys. The practice used different survey questions covering topics such as the friendliness of staff, the cleanliness of the practice and about their involvement with treatment. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. We saw evidence of an improvement in patient satisfaction over the years which the survey had been conducted. We were told that as a result of patient feedback that new chairs were put in the waiting room. It was evident that the practice looked at patient feedback in detail and used it to improve the service which was provided.

The practice also undertook the 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. The latest results showed that 88% of patients asked said that they would recommend the practice to friends and family.