

Welch and Maxey

# Coningsby Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 February 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**

Coningsby Dental Practice provides NHS dental treatment with approximately 10% private treatment. The provider also owns a practice in Bourne, Lincolnshire which is a much larger practice. The dentist cover for Coningsby is provided by five dentists that work at Bourne and come to work one day per week at Coningsby. Coningsby is a small RAF town in Lincolnshire. The practice is on the main street that runs through the town and is situated in a small converted house. Access to the practice is at the back and the practice has a ramp to enable access to patients with disabilities. The practice has a small reception and waiting area. The practice consists of two treatment rooms however only the downstairs treatment room is accessible to patients in a wheelchair and those with limited mobility. It is a modern practice which allows access all one level. There is also one decontamination room and a small area at the back of reception which is an office and staff area. There is parking available at a nearby pay and display car park.

The dental staff at Bourne dental practice also provide dental services at Coningsby on set days. There are two dentists on Mondays and Thursdays and one the rest of the week. The dentists work on fixed days so that staff are aware of who to book and on which day to book patients. Staff that work at Coningsby are four part time dental

# Summary of findings

nurses and one receptionist. There is also a practice manager who is mainly based at the Bourne practice but provides support and management for Coningsby by telephone or in person.

The practice provides NHS and private dental treatment to adults and to children. The practice is open Monday to Friday from 9am to 5.30pm; and till 6.30pm on a Wednesday and closes at 4.30pm on Fridays. The practice closes for lunch from 1pm until 2pm each day.

The two partners are the registered managers. 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 received feedback from 10 patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy. They said that they found the staff offered a professional and friendly service and were helpful and caring. Patients said that explanations about their treatment were clear and that they were always informed of what was happening which made the dental experience as comfortable as possible. Patients said that they were listened to and that any questions they had were answered.

## Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, and its costs, benefits and risks.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice opened until 6.30pm one evening per week.
- The practice was well-led, staff felt involved and worked as a team.
- Staff had been trained to deal with medical emergencies; appropriate medicines and life-saving equipment were readily available and accessible.
- Governance systems were effective and policies and procedures were in place and reviewed annually.
- Staff had received formal safeguarding training and were able to describe examples of safeguarding and the process to raise any concerns.
- A health and safety risk assessment was in place and had been reviewed each year.
- Clinical audits had taken place however, infection control audits had taken place annually instead of the recommended six monthly.
- Accidents and significant events were recorded in practice however, there was no process for recording of incidents and near misses.
- Staff had not received fire safety training.
- Disability access audit had not taken place although the practice had considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues

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

- Review frequency of infection control audits to be completed every six months.
- Refresh staff knowledge of whistleblowing procedures
- Review the incident reporting process to include incidents and near misses to ensure learning and actions are taken to prevent reoccurrence where necessary.
- Refresh staff training in relation to fire safety.
- Complete a disability access audit.

# 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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents and significant events, however low level incidents including near misses were not part of this process.

Staff had received formal training in safeguarding vulnerable adults and children and were able to describe the signs of abuse, Staff were aware of the external reporting process and who the safeguarding lead for the practice was.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments.

Infection control audits had taken place annually and not every six months as recommended by national guidance.

### **Are services effective?**

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them. Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE).

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

Staff had received training in the Mental Capacity Act (MCA) 2005 as part of the safeguarding training and they were able to explain to us how the MCA principles applied to their roles.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and said that they had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patients told us that explanations and advice relating to treatments were clearly explained to them and that any questions that they had were answered at a suitable level to be 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 was small but well equipped. The waiting room was comfortable and although the reception desk was in the waiting area it was situated to enable confidentiality. The practice had a ramp that they put out for patients that used a wheelchair or had limited mobility. There was a door bell at lower level for patients to use if they needed assistance with the door.

The practice opened later one night to 6.30pm each week.

# Summary of findings

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

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

Staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. Staff were receiving annual appraisals and also received six monthly appraisal reviews. The practice was carrying out regular audits of clinical areas to assess the safety and effectiveness of the services provided.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

# Coningsby 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 8 February 2016 and was conducted by a CQC inspector 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 asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We viewed 10 Care Quality Commission (CQC) comment

cards that had been completed by patients, about the services provided at the practice.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had procedures in place to investigate, respond to and learn from serious incidents, accidents and complaints.

Serious incidents were reported on an incident form which was reviewed by the practice manager. There had been no serious incidents reported since 2011 but staff were able to tell us examples of what would be reported and how they would report it. The practice did not have a process for identifying and recording low level incidents and near misses although staff that we spoke with were able to describe incidents of this kind, such as a toilet door sticking and patients not being able to get out. A buzzer had been put into the toilet since this occurred so that anyone experiencing difficulty could raise alarm. However the incident, learning and actions had not been recorded and therefore not all staff were aware. There was an accident book where staff could record incidents such as needle stick injuries. The practice had a no blame culture and policies were in place to support this.

The practice had not received any formal complaints since 2014. The practice had a process in place which included complaints being investigated and outcomes and lessons learned would be shared at a practice meeting with all staff. Complaints received and incidents that occurred at the Bourne practice were shared in the staff meetings at Coningsby so that lessons could be learned across both sites.

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

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse. The practice had information at reception and in the staff area of who to contact if they had any concerns in relation to safeguarding of children or adults. From records viewed we saw that all staff had completed formal safeguarding training in safeguarding adults and children in April 2015. The dentist was the lead for safeguarding to

provide support and advice to staff and to oversee safeguarding procedures within the practice. The dentist had received level two training in 2011. No safeguarding concerns had been raised by the practice.

The practice had a whistleblowing policy and the majority of the staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council, NHS England or the Care Quality Commission if they were not able to go directly to the dentist or the practice manager. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The practice had an up to date employer's liability insurance certificate which was due for renewal October 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training in 2015 including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Most of the staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (severe allergic reaction) and cardiac arrest.

### **Staff recruitment**

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that all staff had received a Disclosure and Barring Service check.

The practice had a formal induction system for new staff which was documented within the staff files that we checked, this included the practice's policies in relation to health and safety, first aid, and an overview of training and accident reporting.

# Are services safe?

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Cover could be provided from the main practice in Bourne if required and patients could also attend there.

## **Monitoring health & safety and responding to risks**

A health and safety policy was in place at the practice which had been read and reviewed annually. There was a comprehensive risk assessment log that had last been reviewed in March 2015 which covered risks such as autoclave burns, biological agents, fire and manual handling. We saw that this had been reviewed annually. There were also risk assessments for trainee dental nurses, and pregnant and nursing mothers. 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. Staff we spoke with were aware of the policies and where to access information. We saw that all policies had reviewed annually since 2012. These included infection prevention and control, legionella policy and sharps policy.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested and we saw records that confirmed these checks were completed weekly. The practice had not had a recent fire drill and staff had not had fire safety training. We spoke to the practice manager about this who said that they would arrange for this to be added to the next full practice training day.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service for example loss of data, loss of electrical supply. The plan had details of action to take and also included contact details of all staff and suppliers such as gas and electrical company and tradesmen such as a plumber and locksmith.

## **Infection control**

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice staff were responsible for cleaning the practice and for cleaning and infection control

in the treatment room and there were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures however at the time of the inspection this had only been on an annual basis. The sister practice had an infection control lead who would be responsible for future audits when they completed their quarterly visit to the practice.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the toilet, dental treatment rooms and the decontamination room.

The practice had a sharps' management policy which was clearly displayed and understood by all staff. The practice used sharps' bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The dentists used a needleguard to remove needle and place in the sharps bin. The practice had a clinical waste contract in place and waste matter was stored in a non-public area prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room with separate clean and dirty areas set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. We found good access from the treatment rooms to the decontamination room and this ensured a hygienic environment was maintained. The decontamination room had marked dirty and clean areas to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty and clean instruments were transported in clearly marked purpose made containers. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct

# Are services safe?

procedures both within the surgery, through decontamination and back into the treatment rooms. However staff were manually cleaning the items with hand hot water without the use of a thermometer. To prevent the coagulation of proteins on the instruments water temperature should be at temperature less than 45 degrees celcius. Instruments were examined by an illuminated magnifyer and then placed into a non vacuum autoclave. Sterilised instruments when cool were placed in 'clean' lidded box but unpouched as they were for rapid use. Any instruments that were low use were correctly packaged, sealed, stored and dated with an expiry date and stored in each surgery. All unused instruments that are not pouched were returned to decontamination room and re sterilised. We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Staff files reflected staff Hepatitis B status. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a current Legionella risk assessment in place which had been reviewed in 2015. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

(Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The records showed the practice was flushing their water lines in the treatment rooms. Records showed that dental unit waterlines were flushed for two minutes at the beginning and end of each session, and for 30 seconds between patients. This was in keeping with HTM 01-05 guidelines. These measures reduce the risk of Legionella or any other harmful bacteria from developing in the water systems.

## Equipment and medicines

Records we viewed showed that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing had

taken place annually with the last test conducted in July 2015. Fire extinguishers had been checked and serviced by an external company in Septmeber 2015. Staff had not been trained in the use of the equipment and when we spoke to the practice manager they decided that this was something they would arrange for the next training session. Two days after the inspection the practice forwarded the details of the training session booked for all staff in April 2016. Staff told us that there had been fire evacuation drills in practie however there was no recorded evidence of when the last one had been undertaken.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. These were checked as part of the dentists' day list once a week. We checked the emergency medicines and found that they were of the recommended type, however the box was untidy and it would have been difficult to identify items in an emergency. Two staff members were trained as first aiders and had taken a call from the ambulance service to attend a local club with the defibrillator as this was the nearest equipment. The two staff members had attended and carried out cardiopulmonary resuscitation (CPR) using their own defibrillator and succesfully continued until the ambulance arrived. This was then cascaded within the next staff meeting as a learning experience. Since the inspection the practice manager has informed us that the medical emergency box had now been organised and the dentist has bagged specific drugs for each 'condition' separately to ensure that they could be accessed quickly if necessary.

## Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

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. Those authorised to carry out X-ray procedures were clearly named in all documentation. 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

## Are services safe?

X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced, and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering their health conditions, current medicines being taken and whether they had any allergies. The patient dental care record contained all the relevant detail and followed guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease. X-rays were justified, graded for quality and reported.

The dentist we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients with a high risk of dental decay. Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. Discussions with the dentist showed they were aware of the 'Delivering better oral health' document and we saw evidence of this in dental records to show it was used in their practice.

The dental care records were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Feedback we received from 10 patients showed that they were wholly satisfied with the service including the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The waiting room and reception area at the practice contained literature that explained the services offered at the practice. The practice displayed details of health promotion and prevention for example how to keep gums healthy and smoking cessation details.

Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults. Staff also advised patients on the impact of tobacco and alcohol consumption on oral health. Patients could make a direct referral for smoking cessation. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients were given free samples of toothpaste when available.

### Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of CPD hours staff had undertaken and training certificates were also in place. One staff file had a easy to read chart which showed each year were the staff member needed to complete their training hours.

Staff training had taken place twice a year when both practices would close for half a day and all staff would attend the Bourne practice. Training sessions had included basic life support including first aid scenarios, safeguarding and one had been used as a team building session. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance. We saw that staff had annual appraisals completed which were supplemented by six monthly reviews. Staff confirmed that appraisals had taken place and they felt supported and involved in discussions about their personal development. They told us that the management team and dentists were supportive and approachable and always available for advice and guidance.

### 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. The Bourne practice could be used by the dentist for surgical procedures as this practice was not fully equipped. The records at the practice showed

# Are services effective?

(for example, treatment is effective)

that referrals were made in a timely way and followed NICE Guidelines criteria where appropriate. Referrals were logged and monitored to ensure that patients accessed the treatment they needed.

## **Consent to care and treatment**

We discussed the practice's policy on patient consent to care and treatment with staff. We saw evidence that patients were presented with treatment options, and consent forms which were signed by the patient. The dentist we spoke with was also aware of and understood the assessment of Gillick competency in young patients. 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.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had not received formal Mental Capacity Act 2005 (MCA) training but those that we spoke with understood their responsibilities and were able to demonstrate a basic knowledge. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' 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 main reception area was small and open plan and staff told us that for personal discussions a separate area or room was used to maintain confidentiality. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients.

A data protection and confidentiality policy was in place. This policy 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. Staff were aware of locking computers and the importance of not disclosing information to anyone other than the patient.

Patients told us that they felt that practice staff were helpful and friendly and that they were treated with dignity and respect. They also told us that staff were always attentive to their needs and were professional.

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

Feedback from patients included comments about how they were involved in their care, given good explanations and advice relating to treatments and were listened to. Their treatment was clearly explained to them and their children.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice information displayed in the waiting area described the range of services offered to patients and the complaints procedure.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, patients would be seen the same day or the next day and if necessary patients could visit the practice in Bourne. Advice and reassurance was always available over the telephone. The practice's information leaflet and answerphone message gave details of the arrangements for urgent treatment.

Appointment times and availability met the needs of patients. The practice opened Monday to Friday from 9am to 5.30pm but also opened till 6.30pm on a Wednesday and closed at 4.30pm on Fridays. The practice closed for lunch 1pm until 2pm daily.

### Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. However a disability access audit had not taken place at the practice. The practice was aware of patients with limited mobility or wheelchair users and this was identified in the patient record so that reception staff could look out for these patients to arrive and ensure that the ramp was down and that the front door could be opened for them. Once inside the practice the treatment would be provided in the ground floor treatment room which was accessible to patients using a wheelchair or those with limited mobility. We saw the toilet was located on the ground floor but this was not suitable for people with mobility difficulties including wheelchair users. For example, the room was small in size and did not have grab rails to assist patients however there was a bell with an alarm.

The practice was able to use an interpreting service, both via the telephone and by booking interpreters in advance if necessary for any non-English speaking patients. One of the dentists was Polish and therefore could assist with any Polish speaking patients if required.

### 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 on the day or the next available. Patients could also be seen at the practice in Bourne if they needed to be seen more urgently and for private patients there was an on call number where a dentist could be called out for a fixed fee plus treatment costs. Patients could also contact the NHS 111 service for advice and reassurance could be given over the phone until the next available appointment.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

### Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations such as NHS England that a patient could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area and in the practice leaflet. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been no complaints at this practice since 2014. CQC comment cards reflected that patients were more than satisfied with the services provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

Clinical audits had taken place such as radiography and infection control. The radiography audit in January 2016 had shown that the practice had not met the practice standard. Actions had been implemented to improve prior to the next audit. Infection control audits had taken place annually this had been identified that the practice should be undertaking these six monthly and the infection control lead at the Bourne practice would be taking over this task at Coningsby. Other audits such as record cards to monitor and improve the quality of care provided had taken place with actions and discussions at practice meetings.

There was a full range of policies and procedures in use at the practice. We saw that policies and procedures had a review date on the document and were reviewed annually. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

### **Leadership, openness and transparency**

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists or the manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

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

### **Management lead through learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice's values and ethos and demonstrated that they worked towards these.

Practice meetings were held monthly and were minuted. The practice was a small team and had close links with the larger practice in Bourne. Learning from complaints and incidents at Bourne was shared with the Coningsby staff at practice meetings.

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

Staff told us that patients could give feedback at any time they visited. The practice had completed a survey annually with patients. The results of this survey also gave suggestions for the practice and we saw that each year there was an action plan which was then addressed at the next review. The actions from the previous years had included ensuring patients had received treatment plans and this had then been added to a staff training day. We also saw that the staff had an action to get email addresses for patients that had one so that they could be contacted easier. The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the monthly practice meeting.

The practice held staff meetings each month. These meetings were documented and the minutes kept in a folder with the most recent month's meeting on a staff notice board. Staff felt that they were part of a team and the retention of staff members and time served showed that staff enjoyed their jobs and felt valued.