

Mr. Stephen Emms

Skellow Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 August 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

Skellow Dental Practice is situated in Skellow and is approximately six miles from Doncaster. The practice is split between two separate buildings next door but one to each other on a high street amongst a small shopping parade. The main two story building comprises of three treatment rooms, a decontamination room, a reception and waiting area and has disabled access and accessible toilet facilities. There was also an Orthopantomogram (OPG) machine located in a room also used as a staff kitchen area and had OPG processing equipment (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw).

The other side of the practice is a single story building containing one treatment room, a waiting area and the practice manager's office with a small kitchen area and staff toilet.

There are three dentists, one foundation dentist, two dental hygiene therapists, and a visiting implant specialist, five dental nurses, two receptionists and a practice manager who also works as a dental nurse if required. The practice provides NHS and private dental treatments.

The practice is open:

Monday, Wednesday and Thursday 09:00 to 18:00

Tuesday 09:00 to 19:00

Friday 09:00 to 17:00

Summary of findings

Saturday 09:00 to 12:00.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

On the day of inspection we received 10 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be helpful, the practice had a happy environment; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice appeared clean and hygienic.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Review the risks associated with transport of contaminated instruments outside the healthcare premises taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the practice's decontamination equipment daily maintenance processes giving due regard manufacturer's instructions and to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infection and related guidance in regards to validation of equipment.
- Review the suitability of the premises and ensure all parts are fit for purpose for which they are being used.

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 and processes in place such as infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

On the day of the inspection we saw contaminated instruments being transported on foot by a dental nurse using the public pavement; a journey of approximately 25 yards passing an independent shop front to the main practice for processing and decontamination.

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

Staff were appropriately recruited and inducted, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times.

We reviewed the legionella risk assessment dated December 2014, we found this was not in accordance with new guidelines: HSE ACOP L8 (The control of legionella bacteria in water systems) and HTM 04-01 (The control of Legionella, hygiene, 'safe' hot water, cold water and drinking systems). The practice manager arranged for a new legionella risk assessment to take place on the 24 August 2016. The dental unit water lines were being managed appropriately.

No action



Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) and the British Society of Periodontology (BSP). The practice focused strongly on prevention. The staff was aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and was meeting the requirements of their professional registration.

No action



Are services caring?

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

No action



Summary of findings

We received 10 completed CQC patient comment cards on the day of our visit. These provided a positive view of the service provided. Comments confirmed that the quality of care was very good.

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

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required.

The practice had fully accessible ground floor treatment rooms and step free access into the building for patients with mobility difficulties and families with pushchairs.

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

No action 

Are services well-led?

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

There was an effective management structure in place and all staff told us they felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice, all staff we spoke to share a commitment to continually improving the service they provided.

Communication throughout the practice was effective, the practice manager was pivotal in the dissemination of information and learning and staff told us they felt very supported and had faith in the practice manager. The practice had good clinical governance and risk management structures in place. Staff told us they could raise any concerns with the principal dentist and practice manager.

No action 

Skellow 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 carried out on 10 August 2016 and was led by a CQC Inspector and a specialist advisor.

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

During the inspection we spoke with the principal dentist, two associate dentists, two receptionists, the decontamination lead dental nurse and the practice

manager. We saw policies, procedures and other records relating to the management of the service. We reviewed 10 CQC comment cards that had been completed and spoke to eight patients.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff was aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice manager. We saw the last recorded significant event was the 24 May 2016; the practice discussed the incident, recorded it and raised an action plan with learning points.

Staff understood and embraced the concept of learning from incidents including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us independently of the importance to avoid repetition in order to bring about improvement. The practice held an incident book and any incidents were discussed and documented as an agenda item for the next practice meeting; we saw incidents were discussed and processed in the practice minutes dated 7 June 2016.

The practice manager showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. We saw that MHRA alerts were logged separately by the practice manager and circulated effectively and discussed at practice meetings.

Reliable safety systems and processes (including safeguarding)

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

We saw that dentists 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. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt empowered and confident they could raise concerns about colleagues without fear of recriminations with the principal or the practice manager. Staff were aware of external sources of assistance should it be needed.

Medical emergencies

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

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

We saw the practice kept very well organised resuscitation equipment and record logs, which indicated the emergency equipment, medical emergency oxygen cylinder, emergency medicines and AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

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

We saw that the practice had a Disclosure and Barring Service (DBS) policy in place all staff had been checked by

Are services safe?

the DBS. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

Monitoring health & safety and responding to risks

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

The practice had a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. Safety Data sheets were present for all COSHH assessments.

We noted there had been an independent fire risk assessment completed for the premises in April 2016 and followed up with in-house equipment checks. A smoke alarm was not present but we saw a plan for installation in September 2016. Fire extinguishers were regularly serviced by an external agency and we saw evidence that a fire drill had taken place in April 2016. The practice had a fire safety policy. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination and sterilisation room which was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices (2013).

The practice had a dedicated decontamination nurse; the dedicated nurse was aware of the work flow in the decontamination and sterilisation room from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting

and sterilising the instruments was displayed on the wall. We observed staff wearing appropriate personal protective equipment when working in the sterilisation and decontamination room, this included heavy-duty gloves, aprons and protective eye wear.

We found instruments in the main practice building were being cleaned and sterilised in line with published guidance (HTM 01-05). The decontamination nurse was knowledgeable about the decontamination process and demonstrated correct procedures. For example, instruments were transported in a rigid labelled box to the decontamination and sterilisation room, hand scrubbed and processed in an ultrasonic bath. Instruments were inspected under illuminated magnification and then transferred to an autoclave (a device for sterilising dental and medical instruments) dried and stored in a date stamped sterilisation bag.

We saw records that showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. We saw no record of the autoclave daily automatic control tests, or residual air leakage testing. Autoclave data loggers were backed up monthly but not reviewed. Appropriate temperature and protein tests were not carried out on the Ultrasonic bath. This was brought to the attention of the decontamination nurse and practice manager and appropriate measures were taken to update the practice protocols.

We saw that contaminated instruments from the other part of the practice were being transported on foot by a dental nurse using the public pavement; a journey of approximately 25 yards passing an independent shop front to the main practice for processing and decontamination. The dental nurse would transport the contaminated instruments after each patient in an appropriate rigid box whilst also wearing personal protective equipment. No risk assessment was written for this procedure and after discussion with the principal and practice manager, measures were taken at the time of inspection to reduce the risk. This included reducing the task to the end of each session (twice per day), rather than after each patient, and with the use of two dental nurses.

Are services safe?

The practice had a current infection prevention control policy and an infection dedicated lead. We saw from staff records and practice minutes they had received infection prevention and control training over the last year covering a range of topics including hand-washing techniques.

There was a hand washing skink and adequate supplies of hand sanitiser in the decontamination area, surgeries had soap, paper towels and a poster describing appropriate hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets. Sharps bins were used correctly and located appropriately, clinical waste was stored securely and a sharps injury protocol was visible with contact numbers.

Staff files showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

We reviewed the legionella risk assessment dated December 2014, we found this was not in accordance with new guidelines HSE ACOP L8 (The control of legionella bacteria in water systems) and HTM 04-01 (The control of Legionella, hygiene, 'safe' hot water, cold water and drinking systems). The practice manager arranged for a new legionella risk assessment to take place on the 24 August 2016. Legionella is a term for particular bacteria, which can contaminate water systems in buildings.

The dental unit water lines were being managed appropriately.

There were cleaning schedules in place and records were maintained suitably in line with current guidelines.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) was carried out June 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use)

Fire extinguishers had been serviced in March 2016 to ensure they were suitable for use if required.

Equipment such as autoclaves, compressors and X-ray equipment were serviced and maintained in accordance with the manufacturers' guidance, this ensured equipment remained fit for purpose. Purpose.

Local anaesthetics were stored appropriately.

Radiography (X-rays)

The X-ray equipment was located in all surgeries and there was also an Orthopantomogram (OPG) machine in a multi-function room, (an OPG machine produces a panoramic scanning dental X-ray of the upper and lower jaw). This room contained clinical records, laboratory work, hazardous waste, personal staff belongings, a food fridge, microwave and crockery. We discussed with the principal and practice manager separation of radiography equipment from staff personal belongings and eating facilities. We also discussed the removal of all clinical records and laboratory work to a safe, patient free environment. The principal assured us that measures would be taken to remove clinical records, arrange to store staff belongings and kitchen items out of view to provide a more clinical environment.

X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules that stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries and OPG room. The file also contained the name and contact details of the Radiation Protection Advisor. All the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had records to show that the X-ray machines had been serviced and calibrated appropriately. We saw evidence of six monthly quality assurance audits; the last audit was completed July 2016. The audit and results were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper and 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. The practice also recorded the medical history information within the patients' dental care records for future reference.

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

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

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

Staff told us the dental hygiene therapist would provide detailed preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were

provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

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, oral health software templates was used, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the dental hygiene therapist for a more detailed treatment plan and advice.

The practice had a selection of dental products on sale and a variety of oral health leaflets were available to assist patients with their oral health.

Staffing

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

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

We saw evidence of completed appraisal documents and training plans for the year for each staff member. Staff told us they could approach the principal or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, sedation and oral surgery. A dental implant specialist visited the practice and we saw in-house referrals to the dental hygiene therapist.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family

members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training annually and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves

We saw evidence that patients gave their consent before treatment began and the patient signed a treatment plan. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. Staff confirmed that clinicians engaged patients fully and presented options and risks.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and stated they were treated with care, respect and dignity. Patients said, staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us and we witnessed that staff were 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. Staff were helpful, discreet and respectful to patients. A room would be made available if a patient wished to speak in private.

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

The waiting room was within the reception area and staff were aware of the need to ensure confidentiality a separate room would be made available if requested.

The practice appeared clean and hygienic.

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 how they involved patients' relatives or carers when required and allowed sufficient time to explain fully the care and treatment they were providing appropriately.

Patients were also informed of the range of treatments and costs available in information leaflets in the waiting room. The practice's website was informative and educational, providing patients with information about the range of treatments available at the practice.

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. Appointment length was in accordance with the clinical needs. Staff told us the practice strives to see emergency patients on the same day. If the practice was closed patients were directed to the NHS out of hours 111 service via the practice answer machine. The next available appointment was the following day.

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

Tackling inequity and promoting equality

The practice had step free access directly into the building and two treatment rooms were available on the ground floor, an accessible toilet was also available.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients.

Access to the service

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

The opening hours are:

Monday, Wednesday and Thursday 09:00 to 18:00

Tuesday 09:00 to 19:00

Friday 09:00 to 17:00

Saturday 09:00 to 12:00.

Patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so no patient was turned away. Patients commented that they had received emergency treatment the same day that they had requested to be seen.

Systems were in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine, the practice information leaflet and website provided supporting information.

Concerns & complaints

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

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

The practice had received two complaints in the past year; we saw the complaints had been dealt with in line with the practice procedure. This included acknowledging the complaint, providing a formal response and resolution. We saw evidence of discussion and learning in staff meeting minutes. Information on how to make a complaint was available for patients in reception with contact information to external agencies included.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had good systems in place to monitor the quality of the service and to make improvements. There was an excellent display of communication at all levels. All staff had access to the clinical diary.

The practice had a very positive 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 effective risk management processes to ensure the safety of patients and staff members. The practice operated proactively at all levels.

There was management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported by the practice manager and principal, were clear about their roles and responsibilities and were proud to work at the practice

Leadership, openness and transparency

There was an open culture within the practice and staff told us they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly team meetings involving all staff. These meetings were minuted and distributed throughout the practice. The practice manager used a rotational agenda planned a year ahead to cover important aspects of the practice; for example we saw information governance and training, housekeeping, medical emergencies and safeguarding were all future agenda items.

All staff were aware of with whom to raise any issue and told us the practice manager and principal were very

approachable would listen to their concerns and act appropriately. There was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had good quality assurance processes in place to encourage continuous improvement. The practice consistently audited different areas of their practice to uphold continuous improvement and learning. This included audits such as dental care records, infection prevention and control and X-rays. Each audit cycle was improved upon to ensure the process was user friendly and efficient.

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

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

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area. Surveys included questions about all members of the team and the treatment received.

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

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