Mr. Julian Powell

Elbow Lane Dental

Inspection Report

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Date of inspection visit: 5 November 2015
Date of publication: 10/12/2015

Overall summary

We carried out an announced comprehensive inspection on 5 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Elbow Lane Dental offers both NHS (approximately 50%) and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. Visiting specialists carry out dental implant procedures and provide conscious intravenous (IV) sedation for nervous patients. The practice has two principal dentists, six associate dentists and four qualified dental nurses; in addition to a practice manager, reception manager and two receptionists. Two self-employed part time hygienists provided treatment to both NHS and private patients attending the practice.

The practice has five treatment rooms, a large reception/ waiting area and a decontamination room. Treatment and waiting rooms are on the ground floor of the premises. The practice is open on Monday and Friday from 9.00am until 6.00pm, Tuesday and Wednesday from 8.00am until 6.00pm and on Thursday from 9.00am until 7.00pm.

We viewed 45 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with four patients on the day of our inspection. We reviewed patient feedback gathered by the practice through patient surveys and comments from the NHS Friends and Family Test. Feedback from patients was overwhelmingly positive about the care they received from the practice. They

Summary of findings

commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease and listened to their concerns.

Our key findings were:

- There were systems in place to help ensure the safety of staff and patients including health and safety, infection prevention and control and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including through a programme of clinical and non-clinical audits.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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 to assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work.

Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

Are services caring?

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

We looked at 45 CQC comment cards patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice, felt fully involved in making decisions about their treatment and listened to. The practice provided patients with information to enable them to make informed choices about treatment. Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them.

Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

Are services responsive to people's needs?

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

Summary of findings

The practice operated extended opening hours to support patients in arranging appointments in line with other commitments. Patients commented they had easy access to both routine and emergency appointments. The practice audited the suitability of the premises annually and identified changes they planned to make to support patients.

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

Are services well-led?

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

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor that improvements had been maintained.

The practice had systems in place to seek and act upon feedback from patients using the service. They shared the comments and suggestions received with patients and described the changes they had made.

Elbow Lane Dental

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.

This inspection took place on the 5 November 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with eight practice staff including, the principal dentists, two associate dentists, a dental hygienist, two dental nurses and the practice and reception managers. 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 systems in place to learn from and make improvements following any accidents or incidents. The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed accidents that had taken place in the last 12 months and found the practice had responded appropriately. There had been no serious incidents but the staff we spoke with were aware of their responsibilities for reporting any serious incident or injury. The principal dentists were aware of their responsibilities under the duty of candour and had a duty of candour policy in place to support staff. We found the practice responded to concerns and complaints in an open and transparent manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentists reviewed all alerts and spoke with staff to ensure they were acted upon.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult 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 a flow chart of how to raise concerns and contact details for both child protection and adult safeguarding teams in the Sefton area.

One of the principal dentists and the practice manager were the safeguarding leads in the practice and staff had undertaken safeguarding training in the last 12 months. Staff we spoke with told us they were confident about raising any concerns.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Rubber dams were used in root canal treatment 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.

Medical emergencies

The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients in the treatment and waiting areas. This included face masks for both adults and children. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were available in all areas of the practice.

Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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. Records confirmed these checks were

in place. We looked at the files of two new members of staff and found they contained appropriate documentation. There was an induction programme in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were familiar with fire procedures, use of personal protective equipment and accident and incident reporting.

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance which covered all employees working in the practice and which was valid until May 2016.The practice manager checked staff professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had arrangements to monitor health and safety and deal with foreseeable emergencies. A Health and Safety Policy was in place and we saw a risk management process which was continually updated and reviewed annually to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and electrical faults, exposure to hazardous substances and handling sharps. The practice had a detailed file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations which was reviewed annually.

Records showed that emergency lighting, fire detection and fire-fighting equipment such as smoke detectors and fire extinguishers were regularly tested. A fire certificate of inspection and a fire risk assessment had been carried out in May 2015. Evacuation instructions were available in the waiting area and staff were knowledgeable about their role in the event of a fire.

The practice had a detailed business continuity and disaster recovery policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events. Staff had easy access to a reception manual which provided key contact details, for example regarding the telephone and IT systems.

Infection control

The senior dental nurse and reception manager were the infection control leads and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff 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 were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

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 the treatment room and the decontamination room which minimised the risk of the spread of infection.

The senior dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and

decontaminating dirty instruments; and packaging and storing clean instruments. Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. The practice had three autoclaves, one specifically for larger hand pieces which also require lubricating. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment for Legionella was carried out by an external company and reviewed by the infection control leads annually. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, water testing weekly and monitoring cold and hot water temperatures each month.

The infection control leads helped to ensure staff had the right knowledge and skills to maintain hygiene standards and provided staff with on-going training. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed a decontamination audit was carried out in May 2015. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner

The practice had a system for the prescribing and recording of medicines used. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. NHS prescription pads were securely stored and were stamped at the point of issue to maintain their safe use. A log of all prescriptions issued and medicines dispensed was retained by the practice to provide a clear audit trail of safe prescribing and dispensing. The dentists used the British National Formulary to keep up to date about medicines. The visiting specialist who carried out conscious IV sedation at the practice provided their own supply of the required medicines. These were checked by the specialist and practice dentist prior to the procedure commencing.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in 2015 confirmed they were meeting the required standards.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered .X-rays were digital and images were stored within the patient's dental care record. A visiting specialist carried out dental implant procedures and used the practice's specialist X-ray equipment to take two and three dimensional dental scans (Cone Beam Computerised Tomography-CT) for the planning of implant replacement. These CT scans were reported on by a consultant oral and maxillofacial radiologist.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed a sample of dental care records and found they provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. This reduced the risk of patients being subjected to unnecessary X-rays. Medical history checks were updated at least every 12 months and staff routinely asked patients at every visit if there had been any changes to their health conditions or current medicines being taken.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The practice had two part time hygienists and two dental nurses had received training in oral health education to support this area of work. The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support. For example, information leaflets and contact details of local services for health promotion and wellbeing services such as smoking cessation, dementia care, physical activity and wellbeing programmes and talking therapies were available in the waiting area.

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice ensured there were sufficient practice staff to support visiting specialist teams carry out their work. The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning.

Dentists and dental nurses told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development. The practice had extended roles, for example two dental nurses had qualifications in oral health education and offered appointments for children during school holidays.

A period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Staff told us they had easy access to a range of policies and procedures to support them in their work.

Working with other services

The practice worked with other professionals 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. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant

Are services effective?

(for example, treatment is effective)

information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had consent and mental capacity and deprivation of liberties policies which provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff described the role family members and carers might have in supporting the patient to understand and make decisions and how this was recorded in the patient's dental care record. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

We reviewed a random sample of dental care records. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed that they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 45 CQC comment cards patients had completed prior to the inspection and spoke with four patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice. They commented they were treated with respect and dignity and that staff were sensitive to the individual needs of their patients and on reducing patient anxiety.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patient dental care records were stored electronically; password protected and regularly backed up to secure storage. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment.

Staff had access to policies and procedures regarding patient confidentiality and maintaining patient data securely. The patient information folder in the waiting area included an explanation about how the practice stored and audited patient records to maintain and improve quality.

Sufficient treatment rooms were available and used for all discussions with patients. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the waiting room, in the practice leaflet and on the practice website. We looked at the practice's electronic appointment system and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

The practice offered early morning appointments on two days each week and operated extended opening hours until 7pm one day each week to support patients to arrange appointments in line with other commitments. The practice scheduled longer appointments with the dentist at the end of the morning or afternoon clinics to meet patient needs and arranged home visits if appropriate to support patients attend the practice for treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. There were disabled toilet facilities on the ground floor and two larger treatment rooms suitable for wheelchairs and pushchairs. An audio loop system was displayed on the reception counter for patients with a hearing impairment. The practice manager told us they had not required an interpreter service to support patients with English as a second language; however they confirmed they would provide staff with contact details of an interpreter service should this be required in the future.

The practice audited the suitability of the premises annually and the most recent audit in September 2015 identified further possible improvements. Since the audit they had installed a handrail at the front of the building and had plans in place to print their patient leaflets in different formats such as braille.

Access to the service

The practice's opening hours were Monday and Friday from 9.00am until 6.00pm, Tuesday and Wednesday from 8.00am until 6.00pm and on Thursday from 9.00am until 7.00pm. The practice displayed its opening hours in their premises, in the practice information leaflet and on the practice website. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

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 ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint. The practice had received three complaints in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team.

Are services well-led?

Our findings

Governance arrangements

The principal dentists, practice manager and reception manager led on the individual aspects of governance such as responding to complaints and managing risks**.** Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability. The practice manager told us they were supported in how they monitored the quality of the service by accessing the frameworks for continuous improvement which were available through their membership of the British Dental Association's Good Practice Scheme and Denplan Excel. (The BDA is a national professional association for dentists and Denplan is a UK insurance based dental plan specialist company).

The practice had a proactive 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, exposure to hazardous substances and medical emergencies.

Lead roles, for example in health and safety, infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a comprehensive range of policies and procedures in use at the practice and accessible to staff. These included guidance about quality assurance, information governance, record keeping, incident reporting and data protection.

Leadership, openness and transparency

The practice had a duty of candour policy in place to support an open, honest and transparent culture. Patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were clearly defined leadership roles within the practice. Staff told us they felt valued and well supported and reported the practice manager and dentists were very approachable.

There were good arrangements for sharing information across the practice including informal meetings and practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). There was an effective appraisal system in place for dental nurses and reception staff which was used to identify training and development needs.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings and in reminders of best practice in the dentists' handbook. There was evidence of repeat audits to monitor that improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included formal patient surveys every two years and the NHS Friends and Family test. This is a national programme to allow patients to provide feedback on the services provided. Records of the survey results for the last three months were positive about the service provided. The practice shared the comments and suggestions received with their patients and described the changes they had made in response. For example by providing early morning appointments on two days each week, refurbishing the toilets and providing baby changing facilities.