

# Mrs. Jacqueline Dunnings

# Crown Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 21 January 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**

Crown Dental Surgery offers mainly NHS (approximately 95%) and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has three treatment rooms, two waiting areas, a reception area and a decontamination room. Treatment and waiting rooms are on the ground and first floor of the premises. There is wheelchair access to the two ground floor treatment rooms, one of which has a specialist dental chair adapted to meet the needs of patients with physical disabilities.

The practice has three dentists, a dental therapist, five qualified dental nurses and two dental nurse trainees; in addition to three receptionists. The practice is open Monday to Friday from 9.00am until 5.30pm and alternate Saturday mornings by arrangement.

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 seven 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 commented staff were caring and respectful and that

# Summary of findings

they had confidence in the dental services provided. Patients told us they had no difficulties in arranging routine and emergency appointments and staff put them at ease and listened to their concerns.

## **Our key findings were:**

- 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 clearly showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Staff were supported to maintain their continuing professional development (CPD), had undertaken training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The practice had well developed and effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- The practice had an accessible and visible leadership team with clear means of sharing information with staff.

# 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.

There were comprehensive systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff and maintained safe staffing levels for the provision of care and treatment.

### **Are services effective?**

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

Dental care records provided comprehensive information about patients' oral health assessments, treatment and advice given. The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Clinical staff were supported to maintain an ongoing programme of continuous professional development. The practice had an effective appraisal system in place to identify staff training and development needs and kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Staff had access to policies which contained information that further supported them in the workplace.

### **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 seven patients. Patients were overwhelmingly positive about how they were treated by staff at the practice. They commented they were treated with respect and dignity. Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed. Policies and procedures in relation to data protection and confidentiality were in place and staff were aware of these.

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

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

The practice audited the suitability of the premises annually and made adjustments to support patients. The practice had an efficient appointment system in place to respond to patients' needs. There were appointments available for urgent or emergency dental care each day. Patients commented they had easy access to both routine and emergency appointments.

# Summary of findings

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

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

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

The practice had a comprehensive system of continuous improvement and learning. This included a detailed programme of auditing and risk management. There was visible leadership in place with effective information sharing with staff.

Staff told us they felt supported in their roles and that there was an open and transparent culture at the practice which encouraged candour and honesty. Patient feedback showed a high level of satisfaction with the service provided.

# Crown Dental Surgery

## 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 21 January 2016. 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 two principal dentists, the dental therapist, two dental nurses and reception staff. 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). Staff we spoke with were aware of their responsibilities for reporting any serious incident or injury. Records showed accidents and incidents were discussed and learning shared at practice and management meetings.

The principal dentists were knowledgeable about the duty of candour to patients and this was reflected in the practice's quality policy and patients' charter. 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. Information was retained in the incident file for staff to access.

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

The practice had 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. Rubber dams were routinely 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. In this practice a latex free rubber dam was used to ensure latex allergic patients were not compromised.

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 (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

The principal dentists were the safeguarding lead professionals in the practice and had been appropriately trained for this role. All staff had undertaken adult safeguarding and child protection training in the last 12 months. 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 and a flow chart of how to raise concerns were readily available to staff and included contact details for child protection and adult local authority safeguarding teams. Staff we spoke with were knowledgeable about identifying, reporting and dealing with safeguarding concerns. This was confirmed by a recent safeguarding audit carried out by the practice.

### Medical emergencies

The practice provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients in the treatment and waiting areas. 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 checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

### Staff recruitment

The practice had systems in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The principal dentist told us they carried out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a

# Are services safe?

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.

The practice had a system in place for monitoring staff had medical indemnity insurance and 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. We looked at the files of three members of staff and found they contained appropriate documentation.

There were comprehensive induction programmes in place for all new clinical and administration staff to familiarise them with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment.

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

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. There were detailed health and safety policies and procedures in place to support staff. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were maintained and tested. Designated staff were trained as fire marshals and first aiders to support staff respond to emergencies in a timely manner.

The practice had a comprehensive risk management process in place to ensure the safety of patients and staff members. Risks identified covered the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. For example, we saw detailed risk assessments for fire, handling sharps, information governance, exposure to hazardous substances and the physical security of the premises. The risk assessments were reviewed annually and included the controls and actions to manage risks. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity 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 procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy kept up to date contact details for staff and support services.

## **Infection control**

A dental nurse was the infection control lead professional and had received appropriate training for this role. 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 service followed the best practice 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'. The decontamination 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 was compliant with National Patient Safety Association (NPSA) guidance on the cleaning of dental premises. We noted 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.



# Are services safe?

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 rooms and the decontamination room which minimised the risk of the spread of infection. An instrument tracking system was in place, including maintaining a record of the instruments used during treatment in the patient's dental care record. This meant there was tracibility of instruments for individual patients.

The practice routinely used washer-disinfectant machines to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in one of three autoclaves (sterilising machines). Staff wore appropriate PPE during this process, which included eye protection, an apron and heavy duty gloves. Sterilised instruments were then placed in sealed pouches stamped with a use by date.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed an up to date risk assessment for Legionella and the recommended measures advised by the report were in place. (Legionella is a term for particular bacteria 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.

Staff received an update regarding infection control and hand hygiene annually. 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. Audit results showed 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 suction 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. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had systems in place regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

## 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. X-rays were digital and images were stored within the patient's dental care record. 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 in the radiation protection file and posted on the wall next to each individual x-ray set, 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 which reduced the risk of patients and staff being subjected to further unnecessary radiation.

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 the potential benefit and/or risks of the exposure had been considered. Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. A dental nurse had received advanced training in radiology to support their role.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper 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 tissue lining the mouth and gums and any signs of oral cancer. These were reviewed at each examination in order to monitor any changes in the patient's oral health. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. The electronic records ensured that if a patient was taking any medication that might compromise their dental treatment this was flagged up on the computer screen to clinical staff as an alert. This ensured that for patient safety, the dentist was aware of the patient's present medical condition before offering or undertaking any treatment.

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 dental care record and these were reviewed in the practice's programme of audits. Dental care records also included a quality assurance report and detailed findings for each x-ray taken.

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, antibiotic prescribing 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 spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The 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' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the practice recalled patients, as appropriate, to receive fluoride applications to their teeth and prescribed high concentrated fluoride toothpaste. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental therapist for more support regarding general dental hygiene procedures. One of the dental nurses had received additional training to provide fluoride treatment to support this area of work

The practice used a detailed checklist and information from the medical history form to ensure patients' lifestyle choices such as smoking and drinking were discussed and appropriate advice given. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health. Health promotion leaflets and posters were available in the waiting room.

### Staffing

The practice team consisted of three dentists, a dental therapist, five qualified dental nurses and two dental nurse trainees; in addition to two receptionists. The two principal dentists planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning. Dental nurses received training to carry out additional duties, for example in providing fluoride applications and radiography; and to take a lead role, for example in infection prevention and control.

Dental nurses received day to day supervision and support from dentists and staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an ongoing 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.

# Are services effective?

(for example, treatment is effective)

Staff told us the principal dentists were readily available to speak to at all times. There was an effective annual appraisal system in place which was used to identify training and development needs. Staff we spoke with told us they had access to training opportunities and felt well supported 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 such as sedation or orthodontics. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. 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 a consent policy which provided staff with information about when consent

was required and how it should be recorded. This included guidance about 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 patients to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Guidance about the Gillick competency test in relation to young persons (under the age of 16 years) was available. 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 reviewed a 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.

# 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 seven patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. We observed staff were helpful, discreet and respectful to patients.

The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. The results of an audit about confidentiality in November 2015 showed staff were fully aware of practice guidance. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. We observed that paper records were stored on open shelves at the back of the reception area. The principal dentist told us they had plans in place to create more secure storage in the

reception area. We noted this was in the practice's current development plan. Following the inspection the principal dentist confirmed the necessary work was arranged and would be completed in the next two weeks.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there was always a room available if patients wished to discuss something with them away from the reception area. Sufficient treatment rooms were available and used for all discussions with patients.

### **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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed. Patients told us the practice offered flexibility and choice to arrange appointments in line with other commitments and to have consecutive appointments for family members. Staff told us the appointment system gave them sufficient time to meet patient needs.

The practice supported patients to attend their forthcoming appointment by having a telephone reminder system in place. Patients who commented on this service reported this as helpful.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had appointments available daily to accommodate such requests.

### Tackling inequity and promoting equality

The practice had equality and diversity guidance and training to support staff in understanding and meeting the needs of patients. Dental care records included alerts about assistance patients required in order to ensure they were fully supported during their appointment.

The practice carried out a disability access audit annually to ensure access to the building and the services met the needs of disabled patients. The practice had made adjustments, for example to accommodate patients with limited mobility. There were disabled toilet facilities on the ground floor, a wheelchair access ramp into the building area and two large downstairs treatment rooms suitable for

wheelchairs and pushchairs, including a specialist dental chair designed to support patients using a wheelchair. An audio loop system was available for patients with a hearing impairment.

### Access to the service

The practice displayed information about the services they offered, NHS and private fees, insurance plans and its opening hours in their premises and on the practice website. Opening hours were Monday to Friday from 9.00am until 5.30pm and alternate Saturday mornings by arrangement. 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. Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

### 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 in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint or offer suggestions was available in the waiting room. The practice had received one complaint in the last 12 months which had been responded to appropriately, but which was still ongoing.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of the British Dental Association's Good Practice Scheme. (The BDA Good Practice Scheme is a framework for continuous improvement run by the BDA) The principal dentists told us they were supported in how they monitored the quality of the service through this scheme. The principal dentists led on the individual aspects of governance such as responding to complaints, risk management and audits, health and safety of the premises, equipment and staff support. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks for example information handling, sharps injuries use of equipment and infection control. Lead roles, for example in 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 full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

### Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. The principal dentists told us 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 the practice was a relaxed and friendly environment and they felt well supported and valued.

There were effective arrangements for sharing information across the practice including informal meetings and

monthly 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. Time was allocated to complete team training, for example for emergency resuscitation and basic life support.

### 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) Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a comprehensive programme of clinical and non-clinical audits. These included audits of record keeping, X-rays, oral cancer, safeguarding and NICE guidance. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings. 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 and staff, including carrying out annual surveys. The most recent patient survey in 2015 showed a high level of satisfaction with the quality of service provided. The 2015 staff survey was scheduled to be discussed at the next staff meeting. Staff we spoke with told us their views were sought and listened to.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results from comments made in December 2015 were displayed in the waiting area showing that 95% of patients would recommend the practice.