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# Heybridge Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 29 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**

The practice is situated in the village of Heybridge with car parking nearby. Access to the practice is by stairs as it is situated on a first floor level above commercial premises.

The services provided include preventative dental advice and treatment, routine restorative care and an option to add some private treatments for example tooth whitening. The practice has three treatment rooms and a spacious waiting area. The practice is open Monday to Friday 8.30am to 5pm. The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has three dentists (principal, associate and foundation) working a variety of clinical sessions over a week. A dental hygienist and qualified dental nurses complete the clinical team. They were supported by two receptionists

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. One of the principal

# Summary of findings

dentists (also the registered manager) is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one dentist who is in their first (foundation) year of practice.

Twenty four patients provided feedback about the practice. All the feedback we received from patients was positive, including access to appointments, their care and treatment and all made complimentary remarks about their overall experience of the practice.

## **Our key findings were:**

- There were effective systems in place to reduce the risk and spread of infection.
- There were systems in place to check all equipment had been serviced regularly.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, good practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies, and appropriate medicines and life-saving equipment were readily available.
- 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.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the practice's infection control procedures and protocols giving due regard 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 infections and related guidance.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.
- Review how the practice would engage with people who may have hearing difficulties.

# 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 systems and processes in place to ensure all care and treatment was carried out safely. Staff understood their responsibilities to raise concern, to record safety incidents and to report them internally and externally where appropriate.

Risk assessments, relating to the health, safety and welfare of patients were completed reviewed and plans for mitigating reoccurrence identified and action taken. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained and reviewed before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

### **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 such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Oral health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations. The staff provided patients with treatment that was personalised specifically for them. Their assessment of treatment needs took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and told us they were treated with dignity and respect at all times. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

# Summary of findings

Staff took time to interact with patients and those close to them in a respectful, appropriate and considerate manner. Patients told us they felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

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

We found that this practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet.

Appointment times were scheduled to ensure patients' needs and preferences were met. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain, extending their working day if necessary. There was evidence of reasonable effort and action to remove barriers when patients find it difficult to access or use the service.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

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

We found that this practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practice's vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

# Heybridge Dental Practice

## Detailed findings

### Background to this inspection

This announced inspection was carried out on 29 January 2016 by an inspector from the Care Quality Commission (CQC) and a specialist dental advisor.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received.

During the inspection we viewed the premises, spoke with dentists, dental nurses and receptionists. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 objectives and a record of any complaints received in the last 12 months.

We obtained the views of 24 patients who had completed CQC comment cards and we spoke with eight patients who used the service on the day of our inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Openness and transparency about safety was encouraged; people received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same thing happening again. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the principal dentist. We saw evidence that incidents were documented, investigated and reflected on by the practice. We saw practice meeting minutes and staff spoken with confirmed that lessons learnt from incidents were discussed at meetings and mitigating actions shared and logged.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received in a dedicated email address and actioned by the dentist who would print a copy of the alert and discuss it with staff. Any staff not spoken with directly were asked to sign the paper copy when they had time to read it. Any alerts were put on the next meeting agenda for a full discussion. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in relation to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

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

Staff understand and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. All staff at the practice had received safeguarding training that was relevant, and to a suitable level for their role. The registered manager was the identified lead for safeguarding.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that

new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medicines issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded on paper and electronically in the patient's dental care record.

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 had processes and policies in place to mitigate injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

### Medical emergencies

Staff had the training skills and up to date knowledge to recognise and respond appropriately to signs of deteriorating health and medical emergencies. The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with them. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. 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 recruitment

The policy for recruitment of staff detailed the checks that needed to be undertaken when recruiting new members of staff. We saw that references were not always requested this did not reflect legislative requirements on the assessment of a new employee's good character. These checks were necessary to ensure that the applicant is suitable to the role they are to undertake.

We would expect the provider to have robust processes and make every effort to gather all available information to

# Are services safe?

confirm that the person is of good character, We spoke with the dentist about this, they recognised that the lack of a structured system to assess staff members' suitability for their role needed to be corrected and planned to implement this straight away.

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

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

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The principal dentist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, fire evacuation procedures and risks associated with Hepatitis B. There were robust processes in place to monitor and reduce these risks so that staff and patients were safe.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

## **Infection control**

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate

they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests, and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised; these processes were compliant with relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A formal Legionella risk assessment had not been carried out by an appropriately qualified and competent person however; water tests were being carried out on a monthly basis. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems. We discussed this with the dentist and they informed us they would ensure a formal risk assessment would be carried out in the near future.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were

# Are services safe?

correctly assembled and labelled. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view.

## **Equipment and medicines**

The practice maintained a comprehensive record of all equipment including dates of when maintenance contracts required renewal. The principle dentist told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. 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.

Prescription pads were stored in the treatment rooms when in use and in a locked cabinet in the office when the surgery was not in use. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

## **Radiography (X-rays)**

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. The practice told us only the dentists were qualified to take X-rays. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all treatment rooms and within the radiation protection folder for staff to reference if needed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. Dental assessments were carried out in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP) and the General Dental Council (GDC). Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients were given a copy of their treatment plan, including any fees involved. Patients spoken with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on Care Quality Commission (CQC) comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

Information about patients care and treatment, and their outcomes, was routinely collected and monitored. This included assessments, diagnosis and referrals to other services. This information was used to improve care. Outcomes for patients at the practice were positive, consistent and met patient's expectations.

Two part time dental hygienists worked at the practice. They and the dentists provided patients with advice to improve and maintain good oral health. Patients told us that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health. Staff told us they often implemented this toolkit in their daily practice.

### Staffing

Staff were proactively supported to acquire new skills and share good practice. The provider was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All dental professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support of a dental nurse

### Working with other services

The systems to manage and share the information that is needed to deliver effective care were coordinated across services and supported integrated care for patients at the practice. The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by them, for example orthodontic treatment. The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any concerns during the examination of a patient's soft tissues. The principle dentist explained how advanced periodontal cases were referred for specialist treatment. (Periodontics is the speciality of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them).

### Consent to care and treatment

Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment. Staff told us how they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and intended benefits of each option.

# Are services effective?

(for example, treatment is effective)

Patients told us the dentists were good at explaining their treatment and answering questions. We looked at a sample of ten patient records and saw discussions about treatment and patients' consent was recorded. Patients were provided with a written treatment plan for every course of treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient (if that was deemed appropriate) to ensure that the best interests of the patient were met.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

# Are services caring?

## Our findings

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

The waiting area was situated away from the reception area which helped to ensure that conversations held at the reception desk could not be heard by patients waiting to be seen. Staff spoken with said that they had all signed a confidentiality agreement and were aware of the steps to take to keep patients' personal information confidential. We observed staff greeting patients in a friendly and helpful manner. Feedback from patients confirmed that they were treated with respect; privacy and dignity was always maintained.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored on paper and electronically, paper records were securely stored in lockable cabinets. Computers were password protected and regularly backed up to secure storage. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Patients who were anxious about dental treatment told us that the dentist always put them at ease. Comment cards received also recorded that the dentist and all staff were

professional, caring and patients had trust in the staff. Dental nurses we spoke with explained the steps they took to ensure that patients felt at ease and were not anxious about receiving dental treatment. This included inviting anxious patients to wait in a separate room prior to their treatment and explaining the treatment to patients in detail, giving them the option to stop the process at any time if they felt uncomfortable.

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

Patients who were registered at the practice were active partners in their care. Staff were fully committed to working in partnership with patients. Patients' individual preferences and needs were always reflected in how their treatment was delivered. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. All staff had received training in the Mental Capacity Act (MCA) 2005 relevant to their roles and responsibilities.

Patients told us that staff responded quickly and compassionately if they were in pain, distress or discomfort.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We looked at the appointment schedules and found that adequate time slots were given for appointments of varying complexity of treatment. Feedback from patients was positive. We were told that the dentist took their time to explain treatments in detail and also made time to exchange polite conversation which patients said made them feel relaxed and at ease.

Patients we spoke with said that they found it easy to get a routine appointment and were generally seen within a few minutes of their appointment time. Waiting time audits had been completed on a six monthly basis. We saw that patients were generally seen within five minutes of their allocated appointment.

The feedback we received from patient comment cards was positive. Patients described their care as excellent; we were told that the dentist and all staff were professional, thorough and offered flexibility for appointments to meet peoples' needs.

### Tackling inequity and promoting equality

Access to the practice is by stairs as it is situated on a first floor level above commercial premises. Staff told us that all patients registered at the practice were able to speak English and there was currently no need for an interpretation service. However, we saw that details of interpretation services were on display in the waiting room and patients were advised to inform reception staff if interpreters were required. We also saw that the practice leaflet recorded a statement that the leaflet could be translated into other languages on request. Staff confirmed that an interpretation service was available if required.

There was no hearing loop at the practice. Staff told us that currently there were no patients who had severe hearing difficulties and who would require additional support or equipment.

### Access to the service

The practice is open Monday to Friday between the hours of 8.30am to 5pm. The routine opening hours were on display within the practice and were available on the website. When treatment was urgent, patients would be seen on the same day. Patients spoken with during the inspection confirmed this. Appointments could be made in person or by telephone. The practice website gave details of arrangements to ensure patients received urgent assistance when the practice was closed.

Feedback received demonstrated that patients had satisfactory access to the service and did not have difficulty getting through to the practice on the telephone. We were told that the practice was flexible and tried to ensure that appointments were made at a time to suit patient need.

### Concerns & complaints

There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to in a timely way. Improvements were made to the quality of care as a result of complaints and concerns. The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for dentists in England. There was a designated responsible person who handled all complaints in the practice.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website.

We reviewed the complaints received over the last 12 months which had been responded to in accordance with their policy. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. It was evident from records seen that the practice had been open and transparent and where action was required it had been taken.

# Are services well-led?

## Our findings

### Governance arrangements

There was a clear vision and values, driven by quality and safety, which reflected compassion, dignity, respect and equality. We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw systems and processes were well established and operating effectively to evaluate and seek improvement in their governance and auditing practice.

Risks associated with dental treatments including risks of infection, unsafe or inappropriate treatments, premises and fire had been recognised and there were procedures in place to mitigate these risks.

There was a full range of policies and procedures in use at the practice and accessible to staff in paper files. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Records relating to the treatment of each patient were kept electronically and in paper form. We saw that the records kept were complete, legible, accurate and up to date. The practice had policies and procedures to support staff to maintain patients' confidentiality.

### Leadership, openness and transparency

The dentist had an inspiring shared purpose and made every effort to deliver and motivate staff to succeed. Throughout the inspection we saw evidence that the practice had a culture that encouraged candour, openness and honesty at all levels. Staff spoken with told us it was an integral part of the practice culture that supported organisational and personal learning. They reported the principal dentist was very approachable and available for advice where needed. The dental nurses we spoke with told us they had good support to carry out their individual roles within the practice.

The principal dentist told us that they encouraged staff to be open and transparent and that they led by example and did the same. We were given an example relating to complex complaint that occurred in the practice. The matter was fully investigated and dealt with transparently. The patient affected was given a full apology and letter of

explanation outlining the results of the investigation. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The principal dentist provided clearly defined leadership roles within the practice. Staff told us they attended the 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, to make suggestions and provide feedback to the principal dentists. We looked at a sample of minutes from practice meetings. We saw that information was shared in an open and transparent way.

### Learning and improvement

Throughout the inspection we saw strong collaboration and support across all staff and a common focus on improving quality of care and patient's experiences. The practice had a proactive audit programme where systems and processes were continually reviewed to ensure they remained fit for purpose and any poor performance was identified and rectified. For example we saw monthly X-ray audits of all X-rays taken by dentists, Several completed audit cycles had been undertaken for treatment plans, medical history updates, hand-washing, infection control and sharps injuries. We saw analysis of these audits to identify where quality and/or safety may have been compromised and identified responses made to mitigate reoccurrence. When re-auditing had been undertaken the previous audit was reviewed and actions made previously were documented as being completed and any improvements noted.

Staff told us they had good access to training and the principal dentist monitored staff training to ensure essential training was completed each year, this included emergency resuscitation and basic life support and infection control. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

## Are services well-led?

The practice had monthly staff meetings where significant events and complaints were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations were discussed.

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

There was a strong focus on continuous learning and improvement at all levels of the organisation. Staff were encouraged to use information and regularly take time out

to review performance and make improvements. The practice had systems in place to involve, seek and act upon feedback from people using the practice including carrying out annual patient satisfaction surveys. The most

recent patient survey showed a high level of satisfaction with the quality of the service provided. The results of the satisfaction survey were displayed in the waiting area.

The practice also undertook the NHS Friends and Family Test, the results of which were displayed in the waiting area.