

# Harunani & Co Group of Dental Surgeries

## Leigh Primary Dental Care

### Inspection Report

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#### Overall summary

We carried out an announced comprehensive inspection on 18 March 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 located within a purpose build medical centre and offers NHS primary care dentistry to adult patients and children.

The practice provides dental services 365 days a year, including weekend and public holidays. The practice is open on Monday to Friday from 9am to 9pm (the last appointment was 8.15pm), on Saturday from 9am to 1pm and on Sunday from 10 am to 2pm. It is closed each lunch time from 1.00pm to 2pm. The reception remains open during lunchtimes.

There are four dentists, one dental nurse and four trainee dental nurses, a team of receptionist and a practice manager.

The principal dentist is the registered provider for the practice and the practice manager is the registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from patients about the service via 47 Care Quality Commission (CQC) comment cards and we spoke with five patients during the inspection. All the comments were positive about the staff and the services provided. Patients indicated that they were happy with the dental care and treatment that they had received.

# Summary of findings

They said that they could access appointments that suited them including same day appointments for emergency treatments. Patients told us that staff were caring and courteous.

## Our key findings were:

- There were procedures in place to keep patients and staff safe. These included systems for investigating and learning from accidents and other safety incidents. However documents such as accident records and significant event logs were not completed in detail to demonstrate the actions taken following such events or the learning shared with staff to minimise recurrences.
- There was an effective complaints system. Complaints were acknowledged, investigated and responded to promptly.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- The practice had suitable emergency equipment. However there were no paediatric pads for use of the defibrillator.
- Infection control procedures were in accordance with the published guidelines and staff had received role specific training.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients consent was sought and they 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.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.

However there were areas where improvements were required:

The provider should:

- Maintain detailed records in respect of accident, incident and significant event reporting that demonstrate what actions have been taken and learning shared.
- Provide paediatric pads for the defibrillator for use to treat children.
- Review the audits for X-rays so that they demonstrate that these are carried out in line with the Faculty of General Dental Practice (FGDP) guidance.

# 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 in place for monitoring, investigating and acting on accidents and other incidents where things went wrong. We reviewed records in respect of accidents and incidents such as needle stick injuries and found that these were had not been completed thoroughly to describe what actions were taken and learning shared to minimise recurrences.

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

The legionella risk assessment identified no concerns

### **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 good practice guidance from the National Institute for Health and Care Excellence (NICE). On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment.

Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved. Patients consent to their care and treatment was sought and obtained in line with current legislation and guidance.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and received support to maintain their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. A private room was available should patients wish to speak confidentiality with the dentist or reception staff.

# Summary of findings

Each of the five patients we spoke with said that they were treated with respect and kindness by staff. Comments on the 47 completed CQC comment cards we received also reflected patients high levels of satisfaction with how they were treated by staff. Patients indicated that staff treated them with kindness and compassion. They said that staff were kind and sensitive.

Patients said that they were able to be involved in making decisions about their dental care and treatment. They said treatments were explained in a way that they could understand, which assisted them in making informed decisions.

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

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice provided dental services 365 days a year, including weekend and public holidays. The practice was open on Monday to Friday from 9am to 9pm (the last appointment was 8.15pm), on Saturday from 9am to 1pm and on Sunday from 10 am to 2pm. It was closed each lunch time from 1.00pm to 2pm. The reception remained open during lunchtimes.

The practice premises were accessible. There was a passenger lift, disabled access toilet and baby changing facilities. Staff had access to language translation services if these were required.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

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

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Leigh Primary Dental Care

## Detailed findings

### Background to this inspection

The inspection was carried out on 18 March 2016 and was led by a CQC inspector. The inspection was led by a CQC inspector and a dental specialist advisor.

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

During the inspection we spoke with the two dentists, two dental nurses, receptionists and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 47 completed CQC comment cards.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. All but one member of staff who we spoke with were aware of the reporting procedures in place.

We reviewed the practice significant event records and the accident book.

We saw that there had been two significant events since 2013 where staff had sustained injuries when refilling the gas Bunsen burner (used for heating wax to make mould impressions). We saw that these incidents had been reported and recorded within the significant events record and the accident book. However records were not sufficiently detailed to demonstrate that learning from either incident had been shared with staff so as to minimise recurrence of a similar incident.

We also found that a number of staff had sustained needle stick injuries and that the proper procedures had not been followed. For example the policy in relation to needle stick injuries dictated that staff should contact the occupational health advisor or the local A&E. In the cases we reviewed records such as the accident book and the summary of the significant event did not show that this procedure had not been followed.

The principle dentist was aware of their responsibilities under the duty of candour. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The practice manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

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

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. The practice had policies and procedures in place to assist staff in identifying concerns and reporting these internally and to the local safeguarding teams. Staff had undertaken role specific training and this was updated annually. Staff we spoke with were able to demonstrate that they were aware of and followed the practice procedures for safeguarding vulnerable adults and children.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

All of dentists we spoke with told us that they routinely used a rubber dam when providing root canal treatment to patients in line with the guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We saw that all staff had undertaken fire safety training. The practice had fire extinguishers and a fire alarm system. Fire safety risk assessments were in place and regular fire evacuation drills were carried out.

### Medical emergencies

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

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines and oxygen were checked daily. We checked the emergency

# Are services safe?

medicines and found that they were of the recommended type and were in date. The practice did not have paediatric AED pads (for use when treating children who weigh less than 25kg) and there were no spare adult pads.

## Staff recruitment

We saw that the practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed six personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice. There were no records of references having been obtained from previous employers. The practice manager told us that verbal references were often sought and obtained. This was not recorded and they assured us that the means of obtaining references and a summary of these would be documented within staff personnel files.

## Monitoring health & safety and responding to risks

The practice had systems in place to assess, monitor and manage a number of health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed and that a health and safety risk assessment was carried out annually. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous

substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

## Infection control

The practice had an infection control policy which was reviewed annually and staff indicated that they had read the policy each year.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us and we saw, that they wore personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. The practice manager was the lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments cleaned manually using an ultrasonic bath, then they were examined under illuminated magnification to ensure they were perfectly clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in closed boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.



# Are services safe?

We saw that the practice carried out regular infection control audits to test the effectiveness of the infection prevention and control procedures.

We saw from staff records that all staff had received infection control training and that they undertook annual refresher training.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The practice had procedures in place for dealing with needle stick and other sharps related injuries. These procedures were displayed throughout the practice, in the dental surgeries and in the decontamination area. From a review of the accident records book and the practice significant events records we saw that a number of staff had sustained sharps injuries, including some injuries from 'dirty' or 'used' needles or instruments. We saw that in these instances accident records did not demonstrate that staff had not followed the correct procedures. For example they had not contacted occupational health or the A&E department.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report. There were no concerns identified. The practice undertook monthly test of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

## Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in September 2015. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

Records were kept in respect of checks and maintenance carried out for equipment such as autoclaves, ultrasonic cleaning bath and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible to relevant staff. There were procedures in place for checking medicines to ensure that they were within their expiry dates. Other than local anaesthetics and emergency medicines, no medicines were kept at the practice.

## Radiography (X-rays)

The practice had a radiation policy and all relevant staff had undertaken training in relation to their roles and responsibilities. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which was displayed in each surgery and stated how the X-ray machine should be operated safely. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. We saw the practice maintained records for all X-rays carried out and that these had been graded and the reasons for taking the X-rays had been recorded. The practice also carried out annual audits. The results of the last annual X-ray audit did not include the analysis of X-ray grading to ensure that these were in line with the Faculty of General Dental Practice (FGDP) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included information in relation to their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles including diet, alcohol and tobacco consumption and where appropriate offered them health promotion advice. This was recorded in the patient's records.

Staff we spoke with confirmed that at all subsequent appointments patients were always asked to review their medical history form. This was evidenced in the patient records that we viewed. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The dentist also confirmed that they undertook routine dental examinations which included checks for gum disease and oral cancer.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The dentists advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better

Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The records we reviewed confirmed this.

The dentists we spoke with said that they advised patients on issues such as good dental hygiene, diet, smoking and alcohol consumption. Patient records which we viewed confirmed this.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged and supported through the availability of specific training to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in a number of areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety, equality and diversity, Mental Capacity Act 2015 and information governance.

Staff we spoke with told us that they were supported to carry out their roles and duties. They said that they had annual appraisals and a personal development and training plan.

Staff told us that they worked well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

### Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their dental care and treatment. These procedures were in line with current legislation and guidance including the Mental Capacity Act

# Are services effective?

(for example, treatment is effective)

(MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Staff had received MCA training and this was updated each year. They understood their responsibilities in relation to this.

The dentists we spoke with demonstrated that they understood the practice policies and procedures and they described how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA. They could also demonstrate that they were aware of the need to determine parental responsibilities when obtaining consent in relation to the treatment of children.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Reception staff told us that a private room would be offered should patients wish to speak confidentially with staff.

Staff had undertaken training in promoting equality and diversity, information governance and maintaining confidentiality. Staff we spoke with understood the need to handle sensitive and personal information and to maintain patients' confidentiality. The practice manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments made by the five patients we spoke with and on the 47 completed CQC comment cards we received reflected patient's high levels of satisfaction with how they were treated by staff. Patients said that staff were pleasant, kind and caring. We were told of specific examples where dentists had recognised and helped to alleviate patients' anxieties.

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

Each of the five patients we spoke with said that the dentists involved them in making decisions about their dental care and treatment. Patients told us that the dentists explained their treatments in a way that they could understand. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Comments made by patients who completed the CQC comment cards also confirmed that patients were involved in their care and treatment.

Both the dentists who we spoke with understood the principles of the Gillick competency test and applied it. The 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 about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the waiting area described the range of services available, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice provided dental services 365 days a year, including weekend and public holidays. The practice was open on Monday to Friday from 9am to 9pm (the last appointment was 8.15pm), on Saturday from 9am to 1pm and on Sunday from 10 am to 2pm. It was closed each lunch time from 1.00pm to 2pm. The reception remained open during lunchtimes.

### Tackling inequity and promoting equality

The dental practice was located on the second floor of a purpose built medical centre. Patients could access the surgery via a passenger lift. The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs.

We saw that the practice had equality and diversity policy and staff had received equality and diversity training within the last 12 months. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice staff told us that they had access to a translation service for patients whose first language was not English.

### Access to the service

Patients who we spoke with told us that they could usually get an appointment that was convenient to them. They said

that they had always been able to access an appointment on the same day if they needed urgent treatment. Patients who completed CQC comment cards also said that could access the service in a timely way.

We observed during the inspection that priority was given to patients who required urgent dental treatment.

The results of the practice patient survey which was carried out in March 2016 showed that:

- 75% of patients said that the telephones were answered promptly.
- 83% of patients said that had access to appointments that were convenient to them
- 92% of patients said that they were seen on time / within a reasonable time.

### Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns.

Information which described how patients could raise complaints was displayed in the waiting and in the practice patient leaflet. The reception staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with.

We saw that the practice had received five complaints in the last 12 months. Records we viewed showed that these complaints had been / or were being which were processed in accordance with its complaints policy. We saw that an acknowledgement letter and a copy of the practice complaints code was sent to patients within three days of receipt of complaints. A full response and an apology was sent once the complaint had been investigated. Patients were made aware of their rights to escalate their complaint should they remain dissatisfied with the outcome or the way in which their complaint was handled.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had comprehensive governance arrangements in place for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

The practice maintained a compliance calendar and a range of audits were carried out to monitor and improve the level of services provided.

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

There was an open culture at the practice which encouraged candour and honesty. Staff told us that they felt able to raise any concerns with each other, the practice manager and the principle dentist. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The reception staff, dental nurses, dentists and practice manager who we spoke with told us that they felt fully supported by the principal dentist and the organisation.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. We

saw that training was accessed through a variety of sources including e-learning, dedicated training days and informal in-house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The practice carried out annual patient satisfaction surveys and acted on the findings where these indicated areas for improvements. We reviewed the results from the most recent patient survey which showed that:

- 75% of patients said that the telephones were answered promptly.
- 83% of patients said that had access to appointments that were convenient to them
- 92% of patients said that they were seen on time / within a reasonable time.

All staff told us that they felt confident in making any comments about the way the practice was managed or the way they were treated.

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