

Lyme Dental Surgery Partnership

Mydentist-Liverpool Road-Newcastle-under-Lyme

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Lyme Dental Practice is located in the market town of Newcastle-Under-Lyme Staffordshire. The premises consists of seven treatment rooms and a dedicated decontamination room. There are also toilet facilities, waiting areas, a reception area, an administrative office and a staff room. The practice is open; Monday and Wednesday from 9am to 8pm, Tuesday and Thursday from 9am to 6pm, Friday 9am to 5pm and Saturday 8:30am to 1pm.

The practice provides NHS and private dental services and treats both adults and children. The practice offers routine dental examinations and treatment and oral hygiene. The practice staffing consists of a practice manager, seven associate dentists, ten qualified dental nurses one of whom has a dual role as a receptionist, one trainee dental nurses who also works as a receptionist, a dental hygienist, a dental therapist, three receptionists and a dedicated cleaner.

The practice manager is the registered manager. A registered manager is a person who is registered with the

Summary of findings

Care Quality Commission (CQC) 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.

We carried out an announced, comprehensive inspection on 12 August 2015. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

Seven patients provided feedback about the service. Patients we spoke with, and those who completed comment cards, had commented positively about the staff and their experience of being treated at the practice.

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available.

- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- 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.
- 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:

- Ensure that all staff are familiar with the Mental Capacity Act 2005 so they know how to obtain professional support where necessary for a patient who could not give informed consent to treatment and whose carer may not make decisions in their best interest.

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 effective systems in place to ensure all care and treatment was carried out safely. The practice had recorded significant events and accidents and had processes in place to investigate, action and make improvements where needed.

Staff had received formal training in safeguarding, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice maintained appropriate dental care records and details were updated appropriately. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. There were systems in place for recording written consent for treatments. Staff understood the importance of working within relevant legislation when treating patients who may lack capacity to make decisions. The practice worked well with other providers and followed patients up to ensure that they received treatment in good time.

Staff who were registered with the General Dental Council (GDC) told us they had completed continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day or within 24 hours. We saw that the practice was accessible to the needs of patients with a physical disability. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice website provided information about opening times, appointment arrangements and emergency treatment when the practice was closed.

Summary of findings

Are services well-led?

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

The practice staff were involved in leading the practice to deliver satisfactory care. The practice had arrangements in place for monitoring and improving the services provided for patients. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients through surveys and informal discussion.

Mydentist-Liverpool Road-Newcastle-under-Lyme

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.

We carried out an announced, comprehensive inspection on 12 August 2015 by a CQC inspector and an orthodontist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with five members of staff, including the management team.

We looked around the premises including the treatment rooms. We looked at the storage arrangements for

emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area and during treatment with patients consent.

We reviewed Care Quality Commission (CQC) comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave positive views about the care and experience of the practice.

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 procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and told us that they were encouraged to bring safety issues to the attention of the practice manager.

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the practice manager. A log of significant events which included accidents and incidents was maintained. We saw that where incidents occurred such as sharp instruments or needle stick injuries that these were discussed, recorded and the outcome shared as learning both within the practice and corporately with other practices within the company.

The practice responded to national patient safety and medicines alerts that were relevant to the dental profession. These were received and actioned by the practice manager. The notices were displayed on staff noticeboards for their attention. However systems were not in place to confirm that staff read the alerts.

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

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training to an appropriate level and staff we spoke with were aware of the different types of abuse. Staff knew who to report concerns to outside of the practice. Information was displayed within the practice describing how to report concerns to external agencies where this was appropriate.

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. This ensured that the dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any current health or medical condition, underlying allergy, or patient reaction to local anaesthetic.

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 policies, procedures and risk assessments in place to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the defibrillator (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.). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were as recommended and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

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.

Are services safe?

Staff recruitment

The practice had a recruitment policy which described the process followed by the practice when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and

Barring Service check was necessary. We looked at the files for four of the staff employed. We saw that all staff had received a Disclosure and Barring Service check which was recorded on their file.

The practice had a formal company induction system for new staff. Induction training was monitored by the practice manager and training department of the company.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. In the event of unexpected absences a system was in place to ensure that there was adequate cover. Staff told us that on these occasions they provided cover for their colleagues.

Monitoring health & safety and responding to risks

We saw that the practice had comprehensive health and safety policies in place, which covered a range of issues including moving and handling, equipment, medicines and radiation. We found evidence that the practice conducted regular health and safety checks to ensure the environment was safe for both staff and patients. There was detailed risk assessments in place which had identified areas of risk in most parts of the building. These had been assessed and control measures implemented to mitigate the risk of harm.

The stairs to the first floor of the practice were steep. A health and safety risk assessment had been completed in August 2014 to ensure that they were safe for all patients to use and appropriate action taken to reduce any risk of harm. Two treatment rooms were situated on the ground floor of the building. Patients who experienced difficulties with using stairs were invited to use the treatment rooms on the ground floor of the practice.

The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and they practised regular fire drills to ensure that patients and staff could be evacuated from the building in the event of a fire.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were in place to reduce any risk to patients and staff.

There was a range of policies and procedures in place to manage risks at the practice. These included infection prevention and control and a Legionella risk assessment. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. The practice had employed a dedicated cleaner. The dental nurses, dental hygienist, dental therapist and receptionists had their own responsibilities in each area within the practice. The practice had systems in place for testing and auditing infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. 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. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process. These included aprons,

Are services safe?

protective eye wear with a face visor and the practice of double gloving involved wearing disposable gloves with the additional protection of heavy duty gloves to minimise the risk of injury from sharp instruments was used.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice first cleaned the instruments in a washer/dryer designed for the specific purpose. We saw that some instruments were first scrubbed in a sink designated for this purpose if required. All instruments were then rinsed and examined visually with a magnifying glass before being sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

We saw that staff were well presented and wore clean uniforms. We saw that appropriate personal protective equipment was worn by staff and provided for patients when undergoing treatment. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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 the risk of blood borne infections.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) had been carried out on all electrical equipment. A

specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion. Records were maintained to confirm this. There was sufficient sterilised equipment available for patients' treatment and these were rotated regularly to ensure they remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and easily accessible.

Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of this equipment.

Medicines in use at the practice were stored and disposed of in line with published guidance. Prescription pads were stored securely and the issuing of prescriptions was monitored.

Radiography (X-rays)

The practice could demonstrate a well maintained radiation protection file relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). There were records of the local rules along with the necessary documentation relating to the maintenance of the X-ray equipment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs were carried out when necessary. The latest maintenance records were dated April 2015.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. We saw records of all X-ray sets used in the practice had been completed and were dated June 2014.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete

Are services safe?

medical history forms and the dentist considered each person's circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general oral hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

We looked at a sample of treatment records. The records contained details of the condition of the teeth, gums and soft tissues lining the mouth which can help to detect early signs of cancer. These were carried out at each dental health assessment and records indicated the patient was made aware of changes in the condition of their oral health. We saw details of the condition of patients' gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. Patients requiring specialised treatment such as conscious sedation, general dental surgery or orthodontics were referred to other dental specialists.

Patient comments in Care Quality Commission (CQC) comment cards and the views of patients we spoke with said that they were satisfied with the assessments, explanations they received and the quality and outcome of the treatment they received.

Health promotion & prevention

Dentists provided patients with advice to improve and maintain good oral health. Patient's records showed that they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with

were unaware 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.

The dental hygienists focused on treating gum disease and giving advice about the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice employed ten dental nurses and three receptionists. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their

professional development. Staff files we looked at showed details of the number of hours development they had undertaken and training certificates were also in place. This was formally monitored by the practice manager. The practice had a corporate induction system for new staff. This was monitored by the practice manager and the training department of the company.

Staff training was monitored and training updates and refresher courses were provided. Staff we spoke with told us that they were supported in their learning and development in order to maintain their professional registration. The company provided staff with access to training through an established academy which offered e-learning and external training.

The practice had procedures in place for appraising staff performance. Records we reviewed showed that supervision and appraisals had taken place for all staff which included the dentists. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all staff were supportive and always available for advice and guidance. Where areas for improvement were identified these were discussed with staff and a plan of action with timescales agreed. We saw that these were followed up and monitored.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment they required was not provided by the practice. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice who would provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Training records we looked at did not show that staff had attended Mental Capacity Act 2005 (MCA) or consent training. 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. We found that mental capacity and consent was described within the safeguarding policy but there was no evidence to demonstrate that there were specific MCA policies in place. The dentists and dental nurses we spoke with were aware of the need to gain valid consent from patients and understood the use of Gillick competency in young persons. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients comments we received were positive about all the staff working at the practice. They described staff as professional, friendly, understanding and caring. Patients told us they felt listened to by all staff. The cards recorded that staff were always very friendly and professional. Patients also commented that staff were caring, considerate and very sensitive to their anxieties and needs. Patients we spoke with also confirmed this.

We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room. A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

Involvement in decisions about care and treatment

Patients commented they felt involved in their treatment and it was fully explained to them. Responses in the Care Quality Commission (CQC) comment cards and patients we spoke with said that treatment was explained and communicated clearly to them. They said that results, examinations and treatment options were discussed with them. Patients said that they were given the time needed to consider their treatment options.

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available in information leaflets, and notices in the practice and on the practice website. 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. We looked at a sample of patient records and saw that these included a summary of treatment explanations given to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered both NHS and private treatment and the costs were

clearly displayed and fee information leaflets were available.

Appointment times and availability met the needs of patients. Patients with emergencies such as pain were seen within 24 hours of contacting the practice, sooner if possible. The practice was open late one evening a week and treatments were offered on Saturdays between the hours of 9am and 1.30pm. The practice's answering machine informed patients which service they should contact in an emergency when the practice was closed. This included referral to the local NHS emergency dental treatment centre

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. The practice had a mixed population of patients. Staff told us they had access to interpreters for patients whose first language was not English and who needed support to understand the treatment they needed.

The premises had been a dental practice for a number of years and was located in a large converted house. The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had steps at the front entrance of the building and step free access to the rear of the building. We observed staff supporting a patient who used a wheelchair to access the practice comfortably and safely. There was a toilet which was suitable for all patient use.

Access to the service

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs. Staff told us that where treatment was urgent patients would be seen on the same day, where possible and within 24 hours or as soon as an emergency appointment could be identified. Appointments were available Monday and Wednesday between 9am and 8pm, Tuesday and Thursday from 9am to 6pm, Friday 9am to 5pm and Saturday 8:30am to 1pm. A patient information leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted appointments and resources.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the concern. The leaflet, notices in the reception area and information on the practice website included details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly.

Staff we spoke with were aware of the procedure to follow if they received a complaint. The practice manager and records showed that there had been four complaints made within the last seven months. We saw that all complaints were resolved quickly and appropriately by the practice.

The practice was also proactive in acting on and responding to negative feedback related to concerns, negative reviews and comments from patients on the NHS Choices website. Comments were mixed and those related to dissatisfaction with dental treatments were monitored and patients offered the opportunity to meet with the company senior patient support officer so that concerns could be discussed and resolved.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. The company Integrated Dental Holdings (IDH) had implemented companywide arrangements for monitoring the quality of all processes throughout the practice. The practice had a well-defined management structure which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

The practice manager told us that twice weekly 10 to 15 minute informal practice meetings, known as 'Huddles' were held. These were not minuted but provided the opportunity to discuss issues as they arose. Formal staff meetings were also held monthly to discuss key governance issues. For example, we saw minutes from meetings where issues such as infection control and information governance had been discussed. This facilitated an environment where improvement and continuous learning were supported.

There were a number of policies and procedures in place which underpinned staff practices. There was a process in place to ensure that all policies and procedures were kept up to date. The practice had systems in place for monitoring and managing risks to staff and patients. Risks associated with dental treatments including risks of infection control and unsafe or inappropriate treatments, premises and fire had been recognised and there were plans in place to minimise and mitigate these risks.

The practice had undertaken audits to ensure their procedures and protocols were being carried out and were effective. These included audits of record keeping, treatment planning and X-rays. The audits supported the practice to identify and manage risks and ensured information was shared with all team members. Where areas for improvement had been identified action had been taken.

Care and treatment records were kept electronically and we found them to be complete, legible accurate and kept secure. Patients' care records were stored electronically; password protected and regularly backed up to secure

storage. The practice had policies and procedures and training which supported staff to maintain patient confidentiality and understand how patients could access their records.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could approach the practice manager and management team if they had any concerns. Staff said they could also speak with other staff members. Staff said they were comfortable about raising concerns and felt they were listened to and responded to when they did so. They were aware that they could escalate concerns to external agencies, such as the Care Quality Commission (CQC), if necessary.

The staff we spoke with all told us they enjoyed their work and that they had a good team of staff who supported each other. There was a system of staff appraisals to support staff in carrying out their roles effectively and safely.

Staff were aware of their rights in respect of raising concerns about their place of work under whistleblowing legislation. We saw that the practice had a whistleblowing policy.

Learning and improvement

We saw that the practice reviewed their practice and introduced changes through their learning and peer review. Staff told us they had good access to training and personal development. Staff were regularly supervised and had an annual appraisal of their performance from which learning and development needs and aspirations were identified and planned for.

The practice audited areas of their practise each year as part of a system of continuous improvement and learning. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. The outcome and actions arising from audits were cascaded and discussed with staff to ensure improvements were made.

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

The practice had started using the NHS Friends and Family test to gather patients' views. The results of these were not available. The practice also carried out their own ongoing patient surveys feedback from two patients said they were happy with the treatment they received and confident about the quality of treatment.

Are services well-led?

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.