

Tooth Fairy Limited

# Sherwood Dental Practice

## Inspection Report

Sherwood Dental Practice  
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### Overall summary

We carried out an announced comprehensive inspection on 10 March 2017 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**

Tooth Fairy limited Dental Practice provides private dental treatments to patients of all ages. The providers also operate under a separate registration with the Care Quality Commission (CQC) using the same building, facilities and staff. This report will make references to Sherwood Dental practice but this inspection only relates to the services provided by Tooth Fairy Limited.

Tooth Fairy limited has eleven dentists, including the practice owner and principal partner and a foundation dentist, a dental therapist, a dental hygienist, nine qualified dental nurses who are registered with the General Dental Council (GDC), four trainee dental nurses, five receptionists (two of whom are also registered dental nurses), a practice manager and an assistant manager. The practice's opening hours are 8.30am to 5pm on Tuesday and Thursday and 8.30am to 6pm Monday, Wednesday and Friday. The practice is closed for one hour at lunchtime each day.

The practice has four dental treatment rooms on the ground floor and five on the first floor. Sterilisation and packing of dental instruments takes place in a separate decontamination room. There is a reception with adjoining waiting area on the ground floor and a separate waiting area on the first floor.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice. We

# Summary of findings

received comments from 83 patients by way of these comment cards and during the inspection with spoke with four patients who gave positive feedback about the practice.

## **Our key findings were**

- Systems were in place for the recording and learning from significant events and accidents.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice was clean and well maintained.
- Patients were treated with dignity and respect.
- The practice had infection control procedures which reflected published guidance.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had systems to help them manage risk.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

# 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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. Decontamination procedures were effective and staff had completed infection prevention and control training. The equipment involved in the decontamination process had received regular service and maintenance.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. Patients described the treatment they received as top class and said that staff were courteous, caring and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Referrals were made to secondary care services if the treatment required was not provided by the practice.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



### Are services caring?

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

We observed the staff to be welcoming and caring towards the patients. Staff treated patients with kindness and respect and they were aware of the importance of confidentiality. Patients' privacy and confidentiality was maintained on the day of the inspection.

We received feedback about the practice from 87 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and professional. They said that they were given detailed explanations about treatment options, and said their dentist always took their time to listen to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist

No action



# Summary of findings

## 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 treatment and urgent care when required. The practice's appointment system was efficient and met patients' needs.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Staff were familiar with the complaints procedure which included information for patients about how to make a complaint.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Sherwood Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 10 March 2017 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with seven members of staff and five staff completed questionnaires about their experience of working at the practice. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

Systems were in place to enable staff to report incidents and accidents. We were shown the practice's accident book we saw that there had been three accidents within the last 12 months with the date of the last accident being 1 March 2017. Accident records were fully completed including details of action taken following the accident. Staff said that all accidents would be reported to the practice manager. The principal dentist told us that an instant messaging service was used to message staff including sending details of any accidents and any learning from these.

The practice had an accident policy which recorded guidance for staff regarding the reporting of accidents. The practice manager was recorded as the lead.

Systems were in place to report significant events and incidents. For example incident reporting procedures and reporting forms. We were told that there had been no significant events at the practice but minor incidents had occurred which had been reported. Documentary evidence was available to demonstrate this.

Information regarding the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations was available including Health and Safety Executive information regarding RIDDOR reporting. We saw that information was also available on the kitchen wall for staff to review. Staff spoken with were aware of the requirements for reporting under RIDDOR regulations. We were told that there had been no events at the practice that required reporting under RIDDOR.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

We discussed national patient safety and medicines alerts with the practice manager. We were told that these were received via email to the practice but the practice had not received any recently. During the inspection the practice manager re-registered with the appropriate body to ensure that they received these alerts.

Information for staff regarding Duty of Candour was available on display in the kitchen area. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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]. Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.

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

The practice had policies in place regarding child protection and safeguarding vulnerable adults which were reviewed on an annual basis. During this review the practice manager checked contact details for the local organisations responsible for child protection and adult safeguarding investigations to ensure they were up to date. Staff had signed to confirm that they had read and understood these policies.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice manager and principal dentist were the safeguarding leads. We were told that there had been no safeguarding issues to report. We were shown copies of training certificates which demonstrated that staff had completed safeguarding training at the appropriate level.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We discussed sharps injuries with the practice manager and with dental nurses. Sharps information was on display in treatment rooms and other locations where sharps bins were located. Sharps bins were stored in appropriate locations which were out of the reach of children. We found that the practice was complying with the Health and Safety (Sharp instruments in healthcare) Regulations 2013. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

### Medical emergencies

There were systems in place to manage medical emergencies at the practice. Staff had received annual training in basic life support in November 2016.

Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a



## Are services safe?

normal heart rhythm), was available. We saw records to demonstrate that checks were made on emergency equipment including the oxygen and the AED to ensure that they were in good working order. We saw that some emergency medical equipment was not available including one size of oropharyngeal airway and the reservoir and tubing to connect the oxygen face mask. These pieces of equipment were ordered during this inspection.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. All emergency medicines were appropriately stored and we were told that these were checked on a weekly basis to ensure they were within date for safe use. We saw that the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

We saw that a first aid kit was available which contained equipment for use in treating minor injuries. At the time of inspection we were told that staff were checking items in the first aid kit but there was no documentary evidence to demonstrate that these checks were completed. Following this inspection we received email confirmation that these checks were being completed and recorded on a regular basis.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary and a Disclosure and Barring Service (DBS) check (or a risk assessment if a DBS was not needed). We discussed the recruitment of staff and were shown five staff recruitment files. Those recruitment files that we saw showed that the practice followed their recruitment procedure.

We saw that Disclosure and Barring Service checks (DBS) were in place and we were told that these had been completed for all staff. 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. The practice had subscribed to an update service which automatically completed DBS checks on staff on an annual basis.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We discussed fire safety with the practice manager and looked at the practice's fire risk assessment which had been completed in June 2012 by an external company. Various issues for action had been identified in the fire risk assessment and evidence was available to demonstrate action taken. The practice completed a separate risk assessment on an annual basis.

Documentation was available to demonstrate that fire extinguishers had been subject to routine maintenance by external professionals in May 2016 and the fire alarm serviced in September 2016. Staff were completing fire drills on a regular basis and records were available to demonstrate this. Staff were completing regular fire safety checks and keeping records as evidence.

### Infection control

As part of our inspection we conducted a tour of the practice we saw that the dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. The practice employed a domestic to clean all communal areas of the practice. Dental nurses were responsible for cleaning dental treatment rooms and the decontamination room. We saw cleaning schedules for the premises which were not robust as these did not clearly identify what was to be cleaned, how often, equipment or chemicals to be used and by whom. A detailed cleaning schedule was developed and a copy forwarded to us



## Are services safe?

following this inspection. We were told that this documentation would be used in future. We also saw that the material in the dental chair in treatment room 6 was torn which would make the chair difficult to clean and maintain infection control standards. Following the inspection we were told that an external company had been instructed to reupholster the chair. The torn area had been sealed temporarily with a waterproof, adhesive sticker patch so that it was easily cleansable until reupholstered.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. We saw that staff had also complete hand hygiene training.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. However we saw that composite guns and dental burs were not appropriately stored following decontamination. The sink in treatment room six was being used for both decontamination and hand hygiene. We were told that this would cease immediately and in future only be used for hand hygiene. Following this inspection we received email confirmation that the sink is for hand wash only and has been labelled accordingly to remind staff and that composite guns and dental burs were now appropriately pouched, dated and stored in line with requirements.

Records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. Action plans were in place and evidence recorded when action taken to address these issues.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria in line with a risk assessment which had been completed by an external

company on 2 March 2017. (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines.

The practice had a waste contractor in place to dispose of hazardous waste. Clinical waste was securely stored in an area that was not accessible to patients. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

### Equipment and medicines

The practice had maintenance contracts for essential equipment including that used during the decontamination process and records seen demonstrated the dates on which the equipment had recently been serviced. Staff carried out checks in line with the manufacturers' recommendations. All portable electrical appliances at the practice had received an annual portable appliance test in December 2016.

We saw that the practice had a supply of Glucagon. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date should be reduced. The practice Glucagon was stored in the dedicated clinical fridge and the practice manager confirmed that it had been stored in the fridge since purchase.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The practice had suitable systems for prescribing, dispensing and storing medicines.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. 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. Local rules were available in the practice for all staff to reference if needed.

We saw evidence that the dentists were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).





## Are services safe?

We saw that staff wore dosimetry badges and their personal cumulative radiation dose due to ionizing radiation was monitored on a quarterly basis.

We saw evidence that the practice carried out an X-ray audit in 2015 and a follow up audit in April 2016. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw evidence that the results were analysed and reported on.

The practice had eight intra-oral X-ray machines that can take an X-ray of one or a few teeth at a time and one orthopantomogram (OPG). We saw a contract with an external company to provide servicing of these X-ray machines.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the principal dentist and we were shown dental care records to illustrate our findings.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. For example we were told that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Dental cameras were available and images could be shown on computer screens in dental treatment rooms. This aided dentists when explaining diagnosis and treatment options.

Patients were given written treatment plans with costings and were given the option to go away and think about treatment before any agreement was reached to continue. The dentist told us that where relevant, preventative dental information was given in order to improve the outcome for the patient and records seen confirmed this.

The dentists used the National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice was aware of the provision of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients, as appropriate, to receive oral hygiene advice. Advice was

given regarding tooth brushing, diet, smoking and alcohol intake as required. Patients we spoke with during the inspection confirmed this and said that children were shown how to use disclosing tablets.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

Oral health information posters were on display in the waiting room and free samples of toothpaste were available in treatment rooms. The practice also had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Practice staff included eleven dentists, including the practice owner and principal partner and a foundation dentist, a dental therapist, a dental hygienist, nine qualified dental nurses who are registered with the General Dental Council (GDC), four trainee dental nurses, five receptionists (two of whom are also registered dental nurses), a practice manager and an assistant manager.

There was enough staff to support dentists during patient treatment. We were told that all dentists, dental therapists and dental hygienists worked with a dental nurse.

The practice planned for staff absences to ensure the service was uninterrupted. There were enough dental nurses to provide cover during times of annual leave or unexpected sick leave.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist



## Are services effective? (for example, treatment is effective)

dental services for complex oral surgery and restorative dentistry. Templates for referral letters were available and were comprehensive to ensure the specialist service had all the relevant information required.

Staff understood the procedure for urgent referrals. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. Each dentist was responsible for monitoring urgent referrals to make sure they were dealt with promptly.

### **Consent to care and treatment**

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice had a consent policy and information for staff regarding MCA. The

practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The dentists and dental nurses were familiar with the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Gillick competency assesses whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.



## Are services caring?

### Our findings

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

We were told that privacy and confidentiality were maintained at all times for patients who used the service. We saw that treatment room doors were closed at all times when patients were with the dentist. A television was available in the waiting area, as well as a tropical fish tank; this helped to distract anxious patients. A small area was available in the waiting room to enable staff to make patients a drink if they required whilst they were waiting to see the dentist. Staff said that they could speak to patients in an unused treatment room if patients needed to speak with staff in private.

The practice did not keep paper records, reducing the opportunity for confidential information to be overseen. Computers were password protected and regularly backed up to secure storage. If computers were ever left unattended they would be locked to ensure confidential details remained secure. There was a sufficient amount of staff to ensure that the reception desk was staffed at all times.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Patients provided positive feedback about the practice on comment cards which were completed prior to our inspection and we were told that staff were caring, reassuring and friendly and there was a relaxed atmosphere at the practice.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

The practice provided patients with information to enable them to make informed choices. We were told that staff took their time to fully explain treatment, options, risks and fees. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Information about private costs was available in waiting areas for patients to review.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We discussed appointment times and scheduling of appointments. We were told that there was a longer wait for appointments after 5pm which was the busiest time at the practice, however generally patients could obtain an appointment at that time within a day or two of their request. On the day of inspection the next available appointment at 5pm was 14 March 2017. We were told that a short notice cancellation list was put into operation when the practice was busy and patients were given the option to be included on this list. This enabled patients to secure an earlier appointment at short notice should a cancellation occur.

The practice had an appointment system in place to respond to patients' needs and patients were given adequate time slots for appointments of varying complexity of treatment.

### Tackling inequity and promoting equality

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Dedicated disabled car parking spaces were available. Patients with mobility difficulties were able to access the practice as ramped access was provided to the front of the building with a call button for use if assistance was required. CCTV cameras enabled reception staff to see if patient's required assistance entering the practice. The practice provided a wheelchair for use by patients whilst on the premises. Four treatment rooms were provided on the ground floor as well as a separate male, female and wheelchair-accessible toilet. A section of the reception counter was lower level for ease of use by those patients who used a wheelchair.

We spoke with the receptionist about communication with patients who had hearing impairments. We were told the contact details for British sign language interpreters were available and sign language interpreters would be used as needed. The practice had a hearing induction loop to support patients who had a hearing impairment.

We asked about communication with patients who could not speak or understand English. We were shown cards

which were held behind reception, patients pointed to their language and this enabled staff to book translation services in the appropriate language. Hello and Goodbye cards in various languages were displayed.

### Access to the service

The practice was open from 8.30am to 5pm on Tuesday and Thursday and 8.30am to 6pm on Monday, Wednesday and Friday. This helped to ensure that those patients with work commitments during Monday to Friday were still able to receive an early morning appointment with a dentist. When the practice was closed during the evening, weekends and bank holidays a telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain.

The practice had an appointment system in place to respond to patients' needs. Patients were able to make appointments over the telephone, in person or via the practice website. When booking appointments via the website patients were able to record their preferred appointment day, time and dentist. The appointment system enabled patients in pain to be seen in a timely manner. Although emergency appointments were not set aside each day that the practice was open we were told that patients in dental pain would always be seen within 24 hours of calling the practice.

Feedback received from patients who completed CQC comment cards was that you could always get an emergency appointment quickly and appointments were made suitable to patient's requirements and patients were not kept waiting to see the dentist.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. Contact details for the practice manager who was the person within the practice who handled complaints were recorded. The policy also recorded contact details such as NHS England and the Parliamentary and Health Service Ombudsman. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Patients were given information on how to make a complaint and a copy of the complaints policy was available in the waiting area.



## Are services responsive to people's needs? (for example, to feedback?)

The practice had a complaint folder which contained information for staff regarding handling complaints. For example the British Dental Association complaints handling information. A complaint log recorded details of any complaints received with action taken to address issues and any follow up action. Letters and other information such as emails regarding any complaints received were kept on file. We saw evidence of learning from complaints and evidence of any discussions held with staff regarding complaint investigations.

Staff we spoke with told us that when any complaint was received they would initially offer an apology, try and

immediately address concerns if possible and pass details of the concerns to the practice manager who would make contact with the complainant and offer a face to face meeting with them if required.

Staff we spoke with were aware of their responsibilities regarding 'Duty of Candour'. Information for staff regarding Duty of Candour was on display in the kitchen.

Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.



# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service supported by other members of the management team such as the assistant manager, head receptionist and senior nurses. Staff knew the management arrangements and their roles and responsibilities. Staff told us that there were good lines of communication within the staff team, they enjoyed working at the practice and were proud of the work that they did.

The practice had policies, procedures and risk assessments in place to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Policies and procedures were readily available for staff to reference. Staff had signed documentation to confirm that they had read and understood the policy. Policies available included safeguarding, recruitment, infection prevention and control and health and safety. Staff were aware of the location of the policy folders and confirmed that they were easily accessible.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff told us that they worked well as a team and provided support for each other. We were told that the principal dentist and practice manager were always available to provide advice and support. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. A whistle blowing policy was also available and staff had signed up to this.

Staff told us that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We were told that monthly meetings were held for the whole practice team and separate meetings were also arranged for dental nurses, reception staff and dentists. The practice also

operated an instant messaging service which was used to inform staff of issues that required their immediate attention and meetings would be arranged regarding these issues as required.

### Learning and improvement

The practice had systems in place to audit quality and safety. Numerous risk assessments had been completed and were available in a risk assessment file. These included fire, radiation, sharps, display screen equipment and health and safety. A risk assessment plan recorded details of risk assessments completed, action taken and a date for review. Risk assessments seen had been subject to annual review.

Staff audited areas of their practice in accordance with current guidelines, as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), patient records, infection control, medical history, oral cancer, pain control, waiting times and patient satisfaction. Other audits were also available and these included audits on oral health assessment, patient recall and hygienist referral.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The principal dentist confirmed that they monitored to ensure that staff kept up to date with their CPD requirements. Staff confirmed this and said that support was provided to them as needed.

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

The practice had some systems in place to seek and act on feedback from patients including those who had cause to complain. We saw that there was a suggestions box in the waiting area. Patients were able to contact the practice via their website and the Friends and Family Test (FFT) or an annual satisfaction survey were also used to capture feedback from patients. The FFT is a national programme to allow patients to provide feedback on the services provided.

The practice manager told us that an annual patient satisfaction survey was completed. The results of which were audited. We were shown the audit results for April



## Are services well-led?

2016 following the survey of January to February 2016. We saw that positive feedback had been received and areas for improvement identified. We were told about the action taken to address issues identified.

Staff said that they would speak with the practice manager or the principal dentist if they had any issues they wanted to discuss. We were told that the management team were approachable, always listen to staff and took on board any comments that they made. Staff said that they worked well

together and were proud of the work they did at the practice. We were also told that there many changes had taken place at the practice due to patient feedback. The management team were keen to engage with patients and take on board their comments. For example the layout of the car park was changed; patients are offered a drink if the dentist is running behind and the magazines available to patients are changed on a regular basis.