

Clarendon Dental Spa (Leeds) Limited

Clarendon Dental Spa

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 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

Clarendon Dental Spa is situated in Leeds, West Yorkshire. The practice provides dental treatment to adults and children on an NHS or privately funded basis. The services include preventative advice and treatment, routine restorative dental care, dental implants, orthodontics, oral surgery, paediatric dentistry and treatment under conscious sedation. The practice accepts NHS referrals for paediatric dentistry, oral surgery and orthodontics.

The practice has 11 surgeries, a decontamination room, two waiting areas, an X-ray room, a patient consultation room and a reception area. Facilities are spread over three floors. There are accessible toilet facilities on the ground floor and a secure car park at the rear of the premises.

There are 20 dentists (many who are part-time), one dental hygienist, 11 dental nurses, one head receptionist, a patient liaison manager, a referrals manager and a practice manager. Some of the dentists were on a specialist register including paediatric dentistry, restorative dentistry, orthodontics, oral surgery and special care dentistry.

The opening hours are Monday and Wednesday from 9:00am to 5:30pm, Tuesday and Thursday from 10:00am to 8:00pm and Friday from 9:00am to 4:00pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During the inspection we spoke with 12 patients who used the service and reviewed 33 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice. Comments included staff were friendly, welcoming and polite. They also commented details of treatment were well explained, staff listened to their concerns and the practice was bright, clean and hygienic.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the use of closed-circuit television (CCTV) in the practice, specifically in the treatment rooms.
- Review the practice's protocols for completion of dental records in relation to conscious sedation giving due regard to the Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Review its audit protocols to ensure the X-ray audit is practitioner specific.
- Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

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.

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at daily morning meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care.

We saw that when providing intravenous sedation the patient's post-operative checks were not recorded in the sedation log.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

An effective referral process was in place. There was a dedicated referrals manager who was responsible for ensuring patients who had been referred to the practice received a timely appointment.

No action



Are services caring?

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

No action



Summary of findings

During the inspection we spoke with 12 patients who used the service and reviewed 33 completed CQC comment cards. The patients commented staff were friendly, welcoming and polite. They also commented they were fully involved in treatment decisions

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care were fully explained to patients in a way which they understood.

Are services responsive to people's needs?

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

The practice had an appointment system in place to respond to patients' needs. There were vacant appointments for urgent or emergency appointments each day.

There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment. A disability discrimination audit had not been completed as required by the Equality Act 2010.

No action



Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

CCTV was used throughout the practice. It was also used in the surgeries. It was not clear to patients that CCTV was used in the surgeries.

Effective arrangements were in place to share information with staff by means of daily morning meetings which were well minuted for those staff unable to attend.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. We noted the X-ray audits were not practitioner specific.

The practice conducted annual patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

No action



Clarendon Dental Spa

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed the local NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

We spoke with two dentists, three dental nurses, two receptionists, the patient liaison manager and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed the significant events which had occurred in the last 12 months. These had been well documented and analysed. Any accidents or incidents would be reported to the practice manager or patient liaison manager and would also be discussed at daily morning meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). These were actioned if necessary and were stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Two of the dentists were the safeguarding leads for the practice and had both completed safeguarding training to a higher level. All other staff had completed safeguarding training appropriate to their role.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system had been adopted at the practice. We were told that the clinicians were responsible for handling sharps.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with

guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

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

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. Staff involved with the provision of conscious sedation were trained to provide immediate life support.

The practice kept resuscitation kits, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits were kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK and BNF guidelines. Due to the nature of the service provision there were two sets of all equipment available.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the medical oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

Are services safe?

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications, checking immunity to Hepatitis B and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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 reviewed records of staff recruitment and these showed all checks were in place.

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

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. An annual health and safety risk assessment was carried out.

There were policies and procedures in place to manage risks at the practice. These included the use of anaesthetic gases and manual handling.

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

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in

primary care dental practices (HTM 01-05)'. One of the dental nurses was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into containers for disposal by a registered waste carrier and appropriate documentation retained. We noted the lock was broken on one of the clinical waste bins. We were assured this would be addressed to ensure clinical waste was stored securely prior to collection.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

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

The practice had carried out an infection prevention and control audit in March 2017. The audit showed the practice was meeting the required standards.

Are services safe?

Records showed a risk assessment for Legionella had been carried out (Legionella is a term for particular bacterium which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and the use of a disinfecting agent with distilled water.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. The practice manager had a process in place to ensure equipment was maintained according to manufacturer's guidance. We saw evidence of servicing records and validation of the autoclaves, compressors and the inhalation sedation machines. Portable appliance testing (PAT) had been completed in April 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue. The practice also dispensed antibiotics for private patients. These were kept locked away and a log of which antibiotics had been dispensed was kept. All of these antibiotics were

in date and a stock control system was in place to ensure medicines did not go out of date. Medicines used in the provision of intravenous sedation were also stored securely and a stock control system was in place to ensure these medicines were not abused.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The X-ray audit was not practitioner specific. We were told the next audit would be practitioner specific.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practitioners (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Medical history checks were updated every time a patient attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

The orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient (if under 18) was eligible for orthodontic treatment under NHS funding. The IOTN is a clinical index to assess orthodontic treatment need. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment. Patients were recalled at regular intervals for a review appointment at which progress was monitored.

We spoke with a dentist who provided inhalation sedation for children. They talked us through the process which was involved and this was in line with guidance from the Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

We reviewed sedation records. A protocol for the provision of conscious sedation was in place. An initial consultation appointment was carried out to discuss the process and gain informed consent. A pre-sedation checklist was used prior to the treatment to ensure all equipment and medicines were readily available. We saw the medicine dose was carefully monitored to reduce the risk of the patient becoming over sedated. The patient was appropriately monitored throughout the procedure. We noted there was no documentation of the patient's blood pressure or oxygen saturation prior to being discharged. We were assured this did take place but was not documented. We raised this with the practice manager and we were told this would be discussed with the dentist who provides the intravenous sedation to follow up.

The dentists used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH 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 dentists applied fluoride varnish to the teeth of children who attended for an examination. Fissure sealants were also applied to the teeth of children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay. Children who had been referred for the treatment of dental decay were seen by the dental hygienist for detailed oral hygiene advice, tooth brushing instruction and diet analysis.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available to support patients.

Staffing

Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process for dental nurses was role specific and involved shadowing different specialities for the first two weeks. This allowed the new nurse to see which specialism they would prefer to work in. The induction process also included the location of the emergency kits, the fire evacuation process and becoming aware of the practice policies and procedures. We saw evidence of completed induction checklists in the personnel files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice had an account with an on-line CPD provider. This allowed staff to access training at their convenience. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice received referrals from other dentists for specialist treatments including paediatric, orthodontics and oral surgery. There was a dedicated referrals manager who was responsible for overseeing the referral process. Letters were first reviewed by one of the paediatric dentists to determine whether the referral was appropriate or whether the patient should be treated in primary care. Patients who did qualify for treatment were contacted to arrange an appointment. The referrals manager maintained a log of all referrals which had been received.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent fax the same day and a telephone call to confirm the fax had arrived.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. We saw evidence of consent forms for paediatric dentistry, orthodontics and sedation.

The dentists were fully aware of the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. Patients were given time to consider and make informed decisions about which option they preferred. The dentists were aware that a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

There were dedicated members of staff who were involved in discussing treatments with patients. We saw a private room was available where patients could discuss different treatments including orthodontics and dental implants. There were numerous models and pictures which were used to describe treatments.

Patients were also informed of the range of treatments available in leaflets and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered the opportunity to sit and wait for an appointment if they wished. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. A DDA audit had not been completed as required by the Equality Act 2010. This was highlighted to the practice manager and we were told one would be completed.

Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included step free access to the basement and the ground floor and accessible toilet facilities. The basement and ground floor surgeries were large enough to accommodate a wheelchair or a pram.

The practice had a hearing loop and access to translators. Several members of staff also spoke second languages including Punjabi, Urdu and Arabic.

Access to the service

The practice displayed its opening hours on the premises and on the practice website.

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hour's emergency dental service was available on the telephone answering service and on the practice website.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The patient liaison manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the patient liaison manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed a selection of the complaints which had been received in the past 12 months and found they had been dealt with in line with the practice's policy. We were told of occasions where learning from complaints was used to make improvements to the service.

The practice kept a log of any complaints which had been raised. This included the nature of the complaint and a conclusion including any actions or learning. Any complaints would be discussed at staff meetings in order to disseminate learning and prevent recurrence.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. There were several specialists available who were able to provide clinical support and leadership and it was evident they worked well as a team. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

CCTV was used throughout the practice including in the surgeries and staff room. The Information Commissioner's Office had been informed of the use of CCTV at the practice. A CCTV policy was in place which stated the justification for the use of CCTV, details of how it was stored and who could have access to images. The policy stated that the CCTV was used for the safety of staff and patients and that there was signage to let patients know of its use. The signage was not clear and did not specify the use of CCTV in the surgeries. We discussed this with the practice manager and we were told the policy would be reviewed and clearer signage would be displayed.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged

and confident to raise any issues at any time. These would be discussed openly and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held daily morning meetings. These meetings were minuted for those who were unable to attend. During these staff meetings topics such as significant events, staff duties and complaints.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays, infection prevention and control, sedation and a Peer Assessment Rating audit (relating to orthodontics). We looked at the audits and saw the practice was performing well. We noted the X-ray audit was not practitioner specific. This was discussed with the practice manager and we were told this would be done.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the practice manager at any time to discuss continuing training and development as the need arose.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. The practice pro-actively prompted patients to complete feedback on NHS choices and other websites. We saw several positive comments on the NHS Choices website.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 100% of patients asked said they would recommend the practice to friends and family.