

Andrew Jones Dental Practice Limited

Boroughbridge Dental Centre

Inspection Report

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Date of inspection visit: 5 January 2017
Date of publication: 25/01/2017

Overall summary

We carried out an announced comprehensive inspection on 5 January 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

Boroughbridge Dental Centre is located in purpose-built premises and provides NHS and private treatment to patients of all ages. There are five treatment rooms, an Orthopantomogram (OPG) room, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

Access for wheelchair users or pushchairs is possible from the ground floor entrance, which leads into the spacious reception and waiting area. Ample car parking spaces are available at the practice.

The dental team is comprised of four dentists (one of which is a foundation dentist), nine dental nurses (four of which are trainees and three cover reception), two dental hygiene therapists and a practice manager.

The practice is open:

Monday – Friday 8am – 5:30pm closing for lunch 1pm – 2pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

On the day of inspection we received feedback from 16 patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very pleasant and helpful; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- The practice was visibly clean and tidy.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- 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 patients' needs.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

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

- Review the practice's infection control procedures and protocols to ensure they are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
 - Review decontamination equipment management is in place, ensuring all logs are the required type, are completed and up to date.
 - Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
 - Review the storage of prescription pads and prescription only medicines in the practice and ensure there are systems in place to monitor and track their use.
 - Review the responsibilities in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
 - Review the need to implement a risk assessment for all dental materials used within the practice.
 - Review the need for a lone worker policy and risk assessment for staff.
 - Review the practice policies to ensure they are regularly updated, practice specific and implement a process for all staff to review.
 - Review the practice audit protocols to document learning points and share with all relevant staff and ensure the resulting improvements can be demonstrated as part of the audit process.
- Review the practice protocols for checking emergency drugs and equipment to ensure the recommended medical oxygen cylinder is available in the event of a medical emergency.

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. We found areas where improvements should be made relating to the safe provision of treatment.

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

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the medical emergency oxygen cylinder was the incorrect size to provide sufficient amounts of oxygen. This was addressed immediately and an order was placed and seen by the inspector.

Evidence of the receipt of recent MHRA alerts was inconsistent. We spoke with the practice manager who told us they received the alerts but they were not aware of any recent alerts that related to the dental profession.

We found prescription pads and prescription only medicines in the practice were not stored securely and there was no system in place to monitor and track their use.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

Infection prevention and control procedures did not follow recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. We found no logs in place for instruments that were not packaged, metal bur brushes were used, some testing of equipment was not being carried out.

We reviewed the legionella risk assessment dated November 2016. Evidence of regular water testing being carried out in accordance with the assessment.

We found COSHH materials accessible to the public and the some safety data sheets and risk assessments were missing from the COSHH folder.

The provider assured us on the day of the inspection and following our visit they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

No action



Are services effective?

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

No action



Summary of findings

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 made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported 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).

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We spoke with 16 patients during the inspection all of the responses were positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely and computers were password protected.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

No action



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 dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients commented they could access treatment for urgent and emergency care when required. 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 complaints procedure.

The practice was not aware of a translation service for patients and had no contact details available if the need arose. The practice manager told us they would investigate this as soon as possible.

Reasonable adjustments had been made to the premises to enable wheelchair users or those with limited mobility to access treatment. These included step free access, an on-site car park and an accessible toilet.

No action



Summary of findings

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.

The practice provided inconsistent evidence of audits for clinical and non-clinical areas.

The principal dentist assured us infection prevention and control audit was undertaken annually; they could not provide evidence of when the last audit was carried out. It is recommended that an infection prevention and control audit be carried out six monthly.

Evidence of an X-ray audit was available for two dentists in December 2016. Historical evidence showed only one dentist had been audited as part of their foundation training.

The practice did not have a lone working policy or risk assessment in place to reduce this risk of any incidents occurring and to have a safe method to ensure all staff had left the premises.

The practice was in the process of conducting a patient satisfaction survey. There was also a comments box in the waiting room for patients to make suggestions to the practice and a tablet device to gather any comments.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

No action



Boroughbridge Dental Centre

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.

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting. We found four accidents that had been recorded: however the practice manager was unaware of the accidents that had occurred within the practice and there was no evidence they had been followed up in line with the practice policy or shared with the team to reduce the risk of the same incident happening again.

The practice manager told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. There was no evidence during the inspection to suggest any of the alerts had been received. This was brought to the attention of the practice manager to review immediately.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

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 spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment. A safe sharps system had been implemented for use in each surgery.

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.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). 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.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

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 checks were carried out on the emergency medicines, medical oxygen cylinder but no evidence showed the AED was visually checked. These checks ensured the oxygen cylinder was sufficiently full and in good working order and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

During the inspection we found the medical emergency oxygen cylinder was not the correct size to deliver adequate amounts of oxygen in the event of a medical emergency. We brought this to the attention of the practice manager who acted immediately to order a new cylinder to arrive the next day. The practice manager also undertook a risk assessment and discussed with staff to use medical oxygen from a local source if required until delivery of their own new cylinder.

Staff recruitment

The practice had a policy and procedure in place for the safe recruitment of staff. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

Are services safe?

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 all of the recruitment files and these showed that all checks were in place.

All clinical staff that were qualified were 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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which needed to be updated.

The practice had a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We noted the COSHH folder was somewhat disorganised; risk assessments were not in place for each material and not laid out in any particular order. This issue was raised with the practice manager on the day and we were told they would review the COSHH folder as soon as possible.

We noted there had been a fire risk assessment completed for the premises in November 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken by staff and discussion about the process reviewed at practice meetings.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice did not follow some of the guidance about decontamination

and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We noted that not all tests were being carried out as often as they should be by the dental nurses to ensure the equipment was in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses demonstrated correct procedures for decontaminating of used dental instruments. For example, instruments were transported in a rigid colour coded sealed box to the instrument decontamination area. Instruments were inspected under light magnification before being placed in a validated non-vacuum autoclave (a device for sterilising dental and medical instruments). We found not all instrument were bagged in the surgeries and when we asked about streaming of instruments there was no evidence to show they were being reprocessed at the end of the day. Some instruments were banded, which meant the area underneath the band or tape could not be cleaned and decontaminated effectively. The Practice manager assured us this would be addressed immediately.

The principal dentist told us they had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We found no audit had been completed since October 2015. It's recommended the audit be carried out six monthly with action plans and learning outcomes in place. We found no historical action plans or learning outcomes in place.

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Are services safe?

Records showed the practice had completed a Legionella risk assessment in November 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water, monitoring hot and cold water temperatures. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice stored clinical waste in a secure manner, and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the recommended guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for sterilisation equipment, X-ray machines and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

The practice dispensed antibiotics and high fluoride toothpastes for patients. These were kept locked away.

There was no system in place to log which antibiotics had been dispensed or check when stock was due to go out of date. NHS prescription pads were stored securely. Again, there was no system in place to monitor which prescriptions had been used. The logs were implemented the day after the inspection.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. 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, in the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

The practice also had facilities to take OPG's. An OPG (or Orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required 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. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The practice also provided dental implants. The principal dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively.

We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health was in line with the 'Delivering Better Oral Health' toolkit. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease.

The practice had a selection of dental products and health promotion leaflets 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 dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

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

Working with other services

The dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

Are services effective?

(for example, treatment is effective)

Patients informed us they were given suitable information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act and the competency assessment for children under 16. [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]. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

The practice provided treatment for a local boarding school and had set up consent forms and communication pathways with parents to ensure they were aware of all dental treatment provided. A chaperone would attend from the school to ensure understanding. The foundation dentist was in the process of developing a consent form to meet the needs of all patients.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

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

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We were told if patients wanted to talk in private a room this would be sought.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There were also male and female dentists available so patients could choose who they saw.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act.

Music was played within the practice treatment rooms for patients and magazines and a television was in the waiting room. Cool drinking water was also available.

Children had access to toys, books and colouring-in materials.

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.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website was under development.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The facilities and premises are appropriate for the services that are planned and delivered.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as step free access and accessible toilet with hand rails. The practice had completed an audit as required by the Equality Act 2010.

Staff were not aware of any details to access translation services.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. There was details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet.

Information was available of what steps they needed to take if they were not happy with their findings.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

Are services well-led?

Our findings

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The practice had an 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 process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We found these were however not specific to the practice and had information missing. None of the policies had a date to indicate when they had been implemented or when they were due for review.

The practice did not have a lone working policy or risk assessment in place to reduce this risk of any incidents occurring and to have a safe method to ensure all staff had left the premises.

Leadership, openness and transparency

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

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the 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 were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

Learning and improvement

We saw inconsistent evidence of audits that were carried out within the practice. Intra-oral X-ray audits were carried out by the practice annually but not for all clinicians. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance. We found no action plans or learning outcomes in place. We discussed this with the practice manager who told us a detailed learning and development session had been conducted after the last audit in December 2016.

The principal dentist told us they had carried out an Infection Prevention Society (IPS) self-assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We found evidence to suggest no audit had been completed since October 2015. It is recommended this audit should be carried out six monthly with action plans and learning outcomes in place. We found no historical action plans or learning outcomes in place.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

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 staff and people using the service.

Are services well-led?

These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.