

Mr Russell Taylor

# LWT Dental Care - Ecclesall Road

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 25 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

### **Background**

LWT Dental Care is situated in Ecclesall, approximately two miles from Sheffield city centre. It comprises of five treatment rooms, a reception area and separate waiting room, an instrument decontamination and sterilisation room, a staff room and administration area and has disabled access and accessible toilet facilities. The practice provides NHS and private dental treatments and has been operating from its current site since the 1950's.

There are three principal dentists, two associate dentists (one of which provides preventative dentistry only), one outgoing foundation dentist, nine dental nurses (eight qualified dental nurses and one trainee), two receptionists, and a practice administrator.

The practice is open:

Monday to Friday 09:00 – 17:30

# Summary of findings

One of the practice owners is registered with the Care Quality Commission (CQC) as an individual. 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.

On the day of inspection we received 29 CQC comment cards providing feedback. 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, the practice had a happy environment; 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 uncluttered.
- 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.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- 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.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective and embedded.
- The practice proactively sought feedback from staff and patients about the services.
- There was a clear leadership structure in place and staff felt supported at all levels.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had effective systems and processes in place such as infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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 appropriately recruited and inducted, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Robust induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated June 2016, evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

No  
action  


### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) and the British Society of Periodontology (BSP). The practice focused strongly on prevention. The staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and relevant X-rays.

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

No  
action  


### **Are services caring?**

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

We collected 29 completed CQC patient comment cards on the day of our visit. These provided a very positive view of the service provided. Comments confirmed that the quality of care was very good. We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the 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.

No  
action  


# Summary of findings

Patients could access routine treatment and urgent care when required. The practice had fully accessible ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with pushchairs.

A complaints process was accessible to patients who wished to make a complaint. The practice administrator recorded complaints and cascaded learning to staff. The practice also had patients' advice leaflets and practice information leaflets available on reception.

The registered provider offered dental services and oral health awareness to the local professional football team and their young academy football players as part of community program.

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

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

There was a strong and clearly defined effective management structure in place and all staff told us they felt supported and appreciated in their own particular roles. The practice administrator was responsible for the day to day running of the practice and demonstrated very robust practice management processes and administrative evidence, all staff we spoke to shared a commitment to continually improving the service they provided.

Communication throughout the practice was effective, the process of information dissemination by e-mail and practice meetings ensured all staff remained up to date.

The practice had strong clinical governance and risk management structures in place. Staff told us they could raise any concerns with the principal dentists and practice administrator.

We saw a wealth of administrative and visual evidence of teamwork, professionalism and dedication within the practice.

No  
action  


# LWT Dental Care - Ecclesall Road

## 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 carried out on 25 August 2016 and was led by a CQC Inspector and a specialist advisor.

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

During the inspection we spoke with the registered provider, two dentists, four dental nurses, two reception

staff and the practice administrator. We saw policies, procedures and other records relating to the management of the service. We reviewed 29 CQC comment cards that had been completed.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the practice administrator.

Staff understood and embraced the concept of learning from incidents including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us independently of the importance of avoiding repetition in order to bring about improvement. Incidents were discussed and documented as a permanent agenda item, with decisions recorded in the minutes, we saw evidence of recent incidents discussed and processed in the most recent practice minutes dated June 2016. RIDDOR and Significant Event reporting flow charts were visible throughout the practice.

The practice administrator showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. MHRA alerts were logged separately by the practice administrator and promulgated effectively. The practice had a strong process in place to ensure that incidents, lessons learnt and MHRA alerts reached staff returning from absence. We saw MHRA information flow charts throughout the practice.

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

We reviewed the practice's safeguarding policy and procedures that were in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was an allocated lead and deputy for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

All staff were aware of the procedures to raise safeguarding concerns, were appropriately trained and could demonstrate their awareness of the signs and symptoms of abuse and neglect.

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 should be 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 all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues to the principal lead, practice administrator or external agencies without fear of recriminations.

### Medical emergencies

The practice had written procedures and flow charts in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept very well organised resuscitation equipment and record logs, which indicated the emergency equipment, emergency medical oxygen cylinder, emergency medicines and AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were all in date. The practice had a designated lead for emergency medicines and equipment and in-house medical emergency training was carried out annually. We saw the emergency medical oxygen cylinder and emergency equipment and medicines were stored in the instrument decontamination room. Due to the operating function of

# Are services safe?

this room the temperature inside the room was significantly raised at 26 degrees. Concerned that this may impact on the stability of the emergency medicines and oxygen cylinder we brought this to the attention of the principal and practice administrator who agreed to review and monitor the temperature of the emergency medicines and oxygen cylinder and relocate if necessary.

## Staff recruitment

The practice had a comprehensive recruitment and induction policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file, which confirmed the processes had been followed. All personal information was stored securely.

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

We saw records that assured us all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance, which covered employees working at the practice.

## Monitoring health & safety and responding to risks

The practice had comprehensive 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 was reviewed in September 2015; it included a robust fire safety risk assessment and guidance on fire safety, manual handling and dealing with clinical waste.

The practice had a comprehensive 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. If any new materials were introduced a new risk assessment was put in place.

We noted there had been an independent fire risk assessment completed for the premises in January 2016 and followed up with in-house checks including smoke alarms which were tested weekly. Fire extinguishers were regularly serviced by external agencies and luminous strips were present to identify means of escape. A fire drill had taken place in March 2016 and repeated every six months. The practice had a comprehensive fire safety policy and all staff attended fire marshal training bi-annually. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## Infection control

The practice had a decontamination and sterilisation room which was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. We noted that the taps were short handled and an overflow was present on the rinsing and scrubbing sink. This was brought to the attention of the principal dentist and we were told that updating the sink and taps was part of the future refurbishment plan.

The practice had a very knowledgeable dedicated lead for infection prevention and control. Work flow in the decontamination and sterilisation room from the 'dirty' to the 'clean' zones was clearly identified. We observed staff wearing appropriate personal protective equipment when working in the decontamination and sterilisation room this included heavy-duty gloves, aprons and protective eye wear.

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. For example, instruments were transported in a rigid colour coded sealed box to the decontamination area. Instruments were rinsed before being placed in a validated ultrasonic bath, inspected under light magnification before being placed in a validated autoclave (a device for sterilising dental and medical instruments). Instruments

# Are services safe?

were dried and stored in a date stamped bag and returned to the treatment room in a 'clean' colour coded box. Appropriate hand scrubbing equipment and processes were available.

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

The practice had a current infection control policy. We saw from staff records they had received infection prevention and control training over the last year covering a range of topics including hand-washing techniques.

There were adequate supplies of hand sanitiser in the decontamination area and surgeries had soap, paper towels and a poster describing appropriate hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets. Sharps bins were used correctly and located appropriately, clinical waste was stored securely.

Staff files showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

A Legionella risk assessment was completed in June 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included the use of a water conditioning agent, running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water

temperatures on a monthly basis. A water conditioning agent was used in the dental unit water lines. We saw that monthly in-house water testing was conducted. All staff had received Legionella training August 2016 to raise their awareness. Legionella is a term for particular bacteria, which can contaminate water systems in buildings.

There were cleaning schedules in place and records were maintained suitably in line with current guidelines.

## Equipment and medicines

We saw the Portable Appliance Testing (PAT) was carried out in July 2016 (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been serviced in January 2016 to ensure they were suitable for use if required.

Equipment such as autoclaves, compressors and X-ray equipment were serviced and maintained in accordance with the manufacturers' guidance, this ensured equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

## Radiography (X-rays)

The X-ray equipment was located in all surgeries. We reviewed the practice's radiation protection file. This contained a copy of the local rules that stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. All the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice had records to show that the X-ray machines had been serviced and calibrated appropriately. We saw evidence of six monthly quality assurance audits, the audit and results were in line with the National Radiological Protection Board (NRPB) guidance.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept comprehensive detailed paper and electronic 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 Practice (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. The practice also recorded the medical history information within the patients' dental care records for future reference.

There was evidence patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The last audit was undertaken in April 2016 where action plans were in place to continuously improve the quality of dental care records. These included ensuring X-rays were continually graded and justified.

During the course of our inspection we discussed patient dental care records with the dentists and checked dental care records to confirm the findings. We found they were in accordance with the guidance provided by the FGDP. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records.

We saw that the dentist who limited treatment to preventative practice would provide detailed preventative advice; taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon

their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

### Health promotion & prevention

The practice had a strong preventative ethos, 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, 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 decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the preventative dentist for a more detailed treatment plan and advice. We saw strong evidence that DBOH has been fully embraced within the practice.

Patients were given sound advice regarding maintaining good oral health. The practice had a large selection of dental products on sale and a variety of oral health leaflets were available to assist patients with their oral health.

The practice utilised the extended duties dental nurses who were trained in fluoride application and oral health education.

### Staffing

New staff had a period of induction to familiarise themselves with the way the practice ran. The comprehensive induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw completed induction checklists in the induction files, new members of staff would be mentored during the early stages of employment.

Staff told us they had access to on-going training to support their skill level and were actively encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

# Are services effective?

## (for example, treatment is effective)

We saw evidence of completed appraisal documents and training plans for the year for each staff member. Staff told us they could approach the principals or practice administrator at any time to discuss continuing training and development as the need arose. The principals encouraged in-house and external team training, evidence of this was provided and a deanery training-course timetable was visible in the staffroom; promoting self-motivation and positive team attitude towards continuous improvement.

### **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 and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including private orthodontics, sedation and oral surgery, NHS orthodontic services were limited.

The practice had a process for urgent referrals for suspected malignancies and had very good working relationships with local hospitals.

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

Patients were given appropriate 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. Staff 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. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had completed training in August 2016 and 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. Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves

We saw that patients gave their consent before treatment began and the patient signed a treatment plan. We saw within the dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. Staff confirmed that clinicians engaged patients fully and presented options and risks.

The practice gave patients with complicated or detailed treatment requirements more time to consider all options, risks and cost associated with their treatment.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

Feedback from the patients was positive and stated they were treated with care, respect and dignity. Patients said, staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us and we witnessed that staff were 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. Staff were helpful, discreet and respectful to patients. A room would be made available if a patient wished to speak in private.

Patients' electronic care records were password protected and backed up daily to secure storage, secondary back up was also used daily by USB plug-in and secured overnight. Paper documentation was stored in locked cabinets in a secure room.

The waiting room was separate to the reception area to ensure confidentiality. Patients were monitored for their safety via CCTV in reception (a notice in the waiting room informed patients that CCTV was in operation).

### 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 how they involved patients' relatives or carers when required and allowed sufficient time to explain fully the care and treatment they were providing appropriately.

Patients were also informed of the range of treatments and costs available in information leaflets in the waiting room. The practice was in the process of considering the production of a 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. Appointment length was in accordance with the clinical needs. Dedicated emergency appointments times were available and adequate due to ample daily clinical availability. Staff told us the practice strives to see emergency patients on the same day. If the practice was closed patients were directed to the NHS out of hours 111 service via the practice answer machine. The next available appointment was the following day.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that dentists took their time to discuss their treatment needs in depth and explained the treatment options in a way they understood. Patient's commented that the practice provided high standard dental care and the facilities were meticulously kept at all times. Some had been patients for many years.

The registered provider offered dedicated dental services and oral health awareness to the local professional football team and their young academy football players as part of a community program.

### Tackling inequity and promoting equality

Wheelchair users had step free access directly into the rear of the building. Two surgeries were located on the ground floor and were large enough to accommodate a wheelchair or pushchair. An accessible toilet was also located on the ground floor. There was no dedicated parking due to the location of the practice; however, parking was easily located within the local area.

The practice had an equality and diversity policy and all staff had undertaken training to have an understanding of how to meet the needs of patients.

### Access to the service

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

The opening hours are:

Monday to Friday 09:00 – 17:30

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 no patient was turned away. Patients commented that they had received emergency treatment the same day that they had requested to be seen.

Systems were in place for patients requiring urgent dental care when the practice was closed. NHS patients were signposted to the NHS 111 service on the telephone answering machine; the practice information leaflet provided supporting information.

### Concerns & complaints

The practice had a complaints policy, which provided staff with clear guidance about how to handle a complaint. The practice administrator was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the principals or practice administrator to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received two complaints in the past year; we saw evidence the complaints had been dealt with in line with the practice procedure. This included acknowledging the complaint, providing a formal response and resolution. Written and verbal complaints were acknowledged and resolved appropriately. We saw that content of complaints were discussed at practice meetings and appropriate learning identified. Information on how to make a complaint was available for patients in reception with contact information to external agencies included.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of the British Dental Association 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice administrator was in charge of the day to day running of the service. There was a comprehensive 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. All staff had individual practice e-mail accounts which were managed by the practice administrator; this administrative tool was used to maintain communication with all staff and used to identify when staff appraisals were due. We saw evidence of this management tool being used effectively throughout; there was an excellent display of communication at all levels despite the logistical problems of the practice being split over three floors. All staff had access to the clinical diary. The practice also operated a duty nurse rota, which ensured specific tasks such as filing and clinical waste management were always carried out daily to maintain a safe and functional environment.

The practice had recently undergone refurbishment of two treatment rooms; we discussed future refurbishment of the remaining treatment rooms which required upgrading to be brought in line with HTM 01-05. The principal dentist assured us that this was a priority when financial funding was available.

The practice had a very positive 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 effective risk management processes to ensure the safety of patients and staff members.

There was a robust management structure in place at all levels to ensure that responsibilities of staff were clear. The three principals had specific areas of accountability; this enabled a shared top level practice responsibility and a clear signpost for staff with any particular issue. Staff told us that they felt very supported, were clear about their roles and responsibilities and were proud to work at the practice.

### Leadership, openness and transparency

There was an obvious open culture within the practice and staff told us they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. There was an impressive amount of physical and visual evidence to support team communication and cohesion for example, staff were very knowledgeable about practice procedures and topics discussed at team meetings. The practice administrator ensured policies and procedures were reviewed regularly to remain current and wealth of protocols and flow charts were visible throughout the practice.

The practice held regular team meetings involving all staff. These meetings were minuted and distributed throughout the practice. The e-mail system was used effectively to maintain communication, we witnessed team spirit and excellent team ethos and professionalism at all levels.

All staff were aware of with whom to raise any issue and told us the practice administrator and principals were very approachable would listen to their concerns and act appropriately. There was a no blame culture at the practice and that the delivery of high quality care was part of the practice's philosophy.

### Learning and improvement

The practice had comprehensive and robust quality assurance processes in place to encourage continuous improvement. The practice constantly audited different areas of their practice to uphold continuous improvement and learning. This included audits such as dental care records, infection prevention and control and X-rays. Each audit cycle was improved upon to ensure the process was user friendly and efficient.

Staff told us they were encouraged and supported to complete training relevant to their roles; this included medical emergencies, basic life support, infection prevention and control and radiography.

Staff were supported to maintain their continuous professional development as required by the General Dental Council.

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

# Are services well-led?

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out various patient satisfaction surveys and had a comment box in the waiting area. We also saw that the outgoing foundation dentist (FD) had provided the practice with a comprehensive FD feedback pack; completed from the FD perspective to assist the practice and next FD towards continuous improvement.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

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