Evesham Place Limited

Evesham Place Dental Practice

Inspection Report

14 Evesham Place
Stratford Upon Avon
CV37 6HT
Tel:01789 264090
Website: www.eveshamplace.com

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Overall summary

We carried out an announced comprehensive inspection on 20 September 2015 to ask the practice the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

This report is about the service provided at Evesham Place Dental Practice by Evesham Place Ltd which is owned by Andrew Browne, a dentist and the clinical director. The practice provides mainly private dental treatment but also some NHS treatment. Andrew Browne also provides NHS out of hours emergency dental treatment for all of South Warwickshire at the practice under a separate CQC registration. We have produced a separate report about this although many elements of the two services are the same.

Evesham Place has four dentists (including the clinical director), a regular locum dentist, three dental hygienists and eight dental nurses. The clinical team are supported by two full time practice managers, a senior receptionist and three receptionists. The clinical director 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

The practice has five dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and main waiting room are on the ground floor and there is another smaller waiting room on the first floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 40 completed cards. Patients spoke highly of the practice team and were positive about their experience of being a patient there. People described receiving excellent advice, care and treatment and described various members of the team as friendly, approachable, cheerful and caring. Several patients specifically mentioned how clearly their dentist explained their treatment to them and what their options were for this. The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for July to September 2015. These showed that from 71 responses 48 patients were 'extremely likely' to recommend the practice and 21 were 'likely' to do so. Of the remainder one was neutral about this. Only one said they were 'unlikely' to recommend the practice. The practice carried out its own survey in August 2015 and 91.3% of the responses received were positive.

Our key findings were:

- Patients who completed Care Quality Commission comment cards were pleased with the care and treatment they received and complimentary about the whole practice team.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action. The practice used significant events to make improvements and shared learning from these with the team.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable. The written policy did not fully reflect the requirements of legislation although the practice obtained the correct information.
- Dental care records provided information about patients' care and treatment. Some were more comprehensive than others.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients were able to make routine and emergency appointments when needed.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

- Establish a written policy regarding significant event reporting and recording to support their current practice.
- Update the practice policy for safe use of sharps to include reference to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013
- Keep a record of the allocation of prescription pads in accordance with national guidance from NHS Protect.
- Review their recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Record the reasons for taking X-rays and the grading of these every time one is taken.
- Develop a structured process for recording staff induction to confirm individual staff knowledge and competence in the areas covered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. The practice had systems for infection prevention and control, clinical waste control, management of medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and child and adult safeguarding. Some policies needed to be reviewed and updated to reflect current legislation and guidance although actual practices were safe.

Are services effective?

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

The dental care provided focussed on the needs of the patients. The dental care records we looked at provided information about patients' care and treatment. We noted that comprehensive treatment plans were one of the practice's strengths. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We identified that the dentists did not all consistently record the reasons they had taken X-rays and that some clinical notes were more detailed than others.

Are services caring?

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

We gathered patients' views from 40 completed Care Quality Commission comment cards. We did not have the opportunity to speak with patients at the practice. People described receiving excellent advice, care and treatment and described various members of the team as friendly, approachable, cheerful and caring. Patients confirmed the dentists explained their treatment options and gave them confidence. During the day we saw reception staff and dental nurses dealing with patients in a welcoming way and heard reception staff being helpful and caring on the telephone. Recent results from the NHS Friends and Family test and an in house survey shared by the practice were also positive.

Are services responsive to people's needs?

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

Many patients who completed CQC comment cards told us they had been patients at the practice for a long time. Several had taken time to write in detail about ways the practice team had responded to their needs. The practice ensured that patients unable to use stairs had their appointments in a ground floor surgery. Patients could access treatment and urgent and emergency care when required.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients and we saw evidence that they responded to complaints in a positive and constructive way and used these to help them improve.

Are services well-led?

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

The practice had arrangements for managing and monitoring the quality of the service. The two practice managers demonstrated good teamwork and effective sharing of responsibilities for the day to day running of the practice. All the staff we spoke with were aware of the organisational structure and leadership arrangements.

Summary of findings

The practice had policies, systems and processes which were available to all staff. We highlighted that a small number of policies needed to be reviewed to make sure they were up to date and contained current information.

There was a friendly and supportive culture at the practice and the team were committed to learning, development and improvement. The staff team were positive, professional and enthusiastic and felt valued by the provider.

Evesham Place Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 20 October 2015 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection. We informed the local NHS England area team that we were inspecting the practice. They did not have any concerning information to provide about the practice.

During the inspection we spoke with the dentist (who is the clinical director and registered manager) and the two practice managers. We also spoke with another dentist, dental nurses and reception staff who were working that day. We looked around the premises including the treatment rooms. We reviewed a range of policies and procedures and other documents and read the comments made by 40 patients on comment cards provided by CQC before the inspection. The practice also provided information about their NHS Friends and Family results for July to September 2015 and their own survey of patients in August 2015.

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 did not have a written significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. However we saw evidence of an established culture of staff reporting and recording accidents, incidents and near misses and of these being discussed in staff meetings. We were able to cross reference that incidents recorded in the incident log were reflected in dental care records and staff meeting minutes as appropriate.

We also saw evidence that the practice followed up accidents and other significant events, took remedial action and used these as opportunities to share learning and to improve.

The practice checked and shared information with the practice team about national safety alerts about medicines and equipment but the practice managers were concerned that the practice were not always receiving these through NHS channels. They decided to sign up to the email alert system so they would get these direct from the MHRA and did this immediately.

Reliable safety systems and processes (including safeguarding)

We asked members of the practice team about child and adult safeguarding. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults. The practice had safeguarding policies for staff to refer to and contact details for the relevant safeguarding professionals in South Warwickshire.

The registered manager was the safeguarding lead and staff were aware of this. Staff told us that they were not aware of any confirmed safeguarding concerns that the practice had needed to report. However, they gave us examples of situations where they had communicated appropriately with other health professionals regarding the welfare of children. All of the staff had completed safeguarding training appropriate to their role. This had either been by doing an online course or by attending training provided at Warwick Hospital.

We confirmed that all of the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work.

The practice had a written procedure for the safe use of needles and other sharp instruments which described safe processes for handling these. The practice had reviewed safe sharps use in September 2015. The practice procedure did not specifically refer to the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The staff kept monthly records of the emergency medicines available at the practice. These included the batch numbers, expiry dates and the quantity in stock to enable the practice to monitor that medicines were available and in date.

Staff completed annual basic life support training and training in how to use the defibrillator and three staff had also completed full first aid at work training. The reception team had a call bell linked direct to the practice managers' office and a panic alarm. These enabled them to call for assistance in the event of a medical emergency or other incident in the waiting room.

Staff recruitment

The practice told us they had only employed two staff in the previous year. We looked at their recruitment records and the practice's recruitment policy and procedure. We saw that the practice had completed the required checks for these staff.

Are services safe?

The practice managers told us they obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out checks to 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 evidence of DBS checks for all members of staff except one whose check was delayed. The practice had the details of their recent DBS check from their previous job and suitable positive references. They were not aware they could request a 'DBS first' which provides basic details in advance of the full DBS certificate. The practice managers planned to look into using the 'live' DBS check system which enables individuals to access their up to date DBS records at any time and share these with employers.

Although the practice was assuring themselves of the suitability of staff they employed, the written policy did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice managers said they would review the regulation and update their policy accordingly.

The practice managers had a structured process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and a number of health and safety related policies and risk assessments about specific topics. One of the dental nurses was responsible for maintaining information about products used in the practice in respect of the control of substances hazardous to health (COSHH). They updated this information annually or more often if the practice changed the products they used. We saw that safety related risk assessments were reviewed in December 2014 and any necessary actions taken. For example, staff had been reminded they should have eye tests because they used computer screens.

There was a fire risk assessment which had been updated annually. Staff took part in fire drills twice a year but a fire service visit in 2013 had identified that staff should also receive training about the use of fire safety equipment. The practice could not confirm whether this had been arranged and assured us they would organise this without delay. The fire alarm was tested as part of the two fire drills and at least two other times each year. The practice had not realised this should be done weekly and arranged to do so with immediate effect.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. The practice managers told us that every member of staff had a copy so everyone had the information in the event that they were unable to enter the building.

Infection control

The practice used a cleaning company for general cleaning of the building which was visibly clean and tidy. A number of patients who completed CQC comment cards specifically commented on their satisfaction with standards of cleanliness and hygiene.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using the Infection Prevention Society format.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that the practice was meeting the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The room was spacious and well organised. The separation of clean and dirty areas was clear in both the decontamination room and in the treatment rooms. The practice deployed two dental nurses in the decontamination room each day. One of these completed all of the procedures with the dirty instruments and the other completed the procedures once the instruments were cleaned and sterilised.

We spoke with three of the dental nurses about the practice's decontamination processes. The practice did not have a washer disinfector and used a system of manual scrubbing for the initial cleaning process followed by a cleaning cycle in an ultrasonic bath. The nurses then scrubbed the instruments again before checking them for

Are services safe?

any remaining debris or staining under an illuminated magnifying glass. We saw there were heavy duty gloves for the dental nurse to wear to protect them from injury from sharp instruments. The practice's processes for transporting dirty instruments to the decontamination room, cleaning, checking and sterilising were in line with HTM01-05 guidance.

When staff had cleaned and sterilised instruments they packed them and stored them in sealed and date stamped pouches in accordance with current HTM01-05 guidelines. The nurses kept records of all of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

The practice had a legionella risk assessment which was updated in October 2015 and they carried out temperature checks daily and monthly. Legionella is a bacterium which can contaminate water systems. The practice used a biocide to prevent a build-up of legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. We observed that sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Spillage kits were available for mercury spills but not for any bodily fluids that might need to be cleaned up. The practice confirmed they had obtained these straight after the inspection.

The practice had a process for staff to follow if the accidentally injured themselves with a needle or other sharp instrument. The practice managers had a structured system for recording the immunisation status of each member of staff.

Equipment and medicines

The building was clean and well maintained. Staff told us that there were plans to refurbish the waiting room. As part of this work the practice planned to provide improved seating for patients with restricted mobility.

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and the practice boilers.

Prescription pads were stored securely and the practice kept a record of the blank prescriptions in stock but they were not recording the allocation of prescription pads to individual members of the dental team. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records included the expected information including the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was within the current recommended interval of 3 years.

The practice carried out annual audits of X-rays. The most recent audit in October 2015 had identified that in some cases the reasons for X-rays being taken and the quality of X-rays was not recorded. We also identified this in the sample of dental care records we saw. This should be carried out for every X-ray taken at the practice. The registered manager said they would make sure that all the dentists did this in future. We looked at some X-rays and noted that some were not at the expected standard. The registered manager told us they were aware that that this was an area where the dentist concerned needed to improve and had this in hand.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice recognised the importance of working in accordance with evidence based guidelines and protocols. The dentists we met described how they assessed patients. The information they provided verbally described an appropriate, caring and thorough approach to patients' care and treatment. They gave each patient a treatment plan which included the cost involved. We saw excellent examples of thorough and detailed treatment plans for patients receiving more complex treatment.

We looked at a sample of dental treatment records. These contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment. We noted that some of the records were more detailed and structured in a more organised way than others and highlighted this with the registered manager.

Patients were asked to complete an up to date medical history form at the start of a course of treatment.

Health promotion & prevention

The practice's statement of purpose included the aim of promoting good oral health to all patients. The waiting room at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. A range of dental care products were available for patients to buy and a price list was displayed. One of the dental nurses was trained to provide oral health advice. The practice did not currently offer this as a specific service although it was covered during patients' routine treatments. Some staff were booked to do a course about smoking cessation in November 2015.

There was a display in the entrance hall which showed how much sugar a range of popular soft drinks and chocolate bars contained. This delivered the message about the risk of tooth decay in a way that was easy for anyone to understand.

Staffing

The practice aimed to ensure staff members had the skills and training needed to perform their roles competently and with confidence. This was outlined in the statement of purpose. The staff files contained numerous certificates to show members of the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). This included medical emergencies, infection control, child and adult safeguarding, dental radiography (X-rays), and varied dental topics. We noted that the registered manager checked staff CPD as part of their annual appraisals. The practice had a structured process to help them maintain an overview of this. Staff had to present their CPD folder at their annual appraisal and the practice kept records of their progress during their five year CPD cycle.

We saw the staff induction folder for non-clinical staff and dental nurses. This contained a range of useful and important information. The practice did not have a structured process to work through these topics with new staff and confirm their competence in each of the topics covered. The practice managers acknowledged the value of doing this and said they would develop the information into workbooks to use for new staff in the future.

Working with other services

The practice's statement of purpose included the aim to involve other professionals in patients' care where necessary, for example by referring to specialist services. We saw evidence that referrals were made when needed and that the practice had a structured system for monitoring referrals they had made.

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for patients. The clinical staff we spoke with showed an understanding of the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

Staff had done some training about the Mental Capacity Act 2005 but had no recent examples of patients where a mental capacity assessment or best interest decision was needed. The 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

Are services effective?

(for example, treatment is effective)

for themselves. The practice managers took details of the Mental Capacity Act Code of Practice to include in the consent policy and to make available for staff at the practice to refer to if needed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to tell us about their experience of the practice. We collected 40 completed cards. We did not have the opportunity to speak with patients at the practice. Patients spoke highly of the practice team and were positive about their experience of being a patient there. Many of them said they had been at the practice for a long time and had been consistently satisfied with the care and treatment they received. People described receiving excellent advice, care and treatment and described various members of the team as friendly, approachable, cheerful and caring. The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for July to September 2015. These showed that from 71 responses 48 patients were 'extremely likely' to recommend the practice and 21 were 'likely' to do so. Of the remainder one was neutral about this. Only one said they were 'unlikely' to recommend the practice. The practice carried out its own survey in August 2015 and 91.3% of the responses received were positive.

During the day we saw and heard staff dealing with patients in person and on the telephone. In each case the staff were friendly, kind and efficient. Staff told us that many of them had been at the practice a long time and knew patients well.

Staff gave us examples of ways they felt the practice was friendly and caring towards patients. These including passing on magazines a person liked when they bought new ones for the waiting room, photocopying recipes or articles and walking with patients back to their car if they were unsteady on their feet.

Involvement in decisions about care and treatment

A large proportion of the patients who filled in CQC comment cards mentioned their dentist listening to them and explaining the various options for the care and treatment they needed. A number described how their dentist explained procedures to them clearly, made sure they understood and did not rush them. Comments included references to the practice providing oral health education and making a patient feel like they were partners with the dentist in the care of their teeth.

New patients were given a welcome letter, a practice leaflet, questionnaire and a price list. The letter described what would happen at a first examination appointment including the checks that the dentist would carry out so they knew what to expect. The questionnaire specifically asked them about past problems with their teeth and whether there was anything they wanted to discuss with the dentist.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 40 completed Care Quality Commission comment cards. The overall picture we gained from patients was very positive. Several patients commented that they were or had been nervous patients and that over time they had overcome this due to the care and patience of their dentist and other members of the practice team.

There was information for patients in the waiting room. This included details of NHS and private charges and details of monthly dental payment scheme available to patients.

The practice did not visit patients to provide dental treatment in their own homes. However staff informed us that on one occasion a dentist had visited a patient nearing the end of life to repair a dental appliance. This was because the domiciliary service waiting list was up to 18 weeks long. The treatment provided was low risk in respect of infection control and we were assured that the dentist had taken appropriate steps regarding hygiene.

Tackling inequity and promoting equality

The practice was situated not far from the centre of Stratford upon Avon and provided 75% private dental treatment and 25% NHS dental treatment. Staff told us that they had very few patients who were not able to converse confidently in English but if necessary they had access to an interpreting service to assist with communication. Some patients brought a family member with them to interpret for them. In these cases the practice made a record that the patient had authorised involving another person in the conversation.

The practice building was a converted house. It had been assessed in respect of access for patients with disabilities by a patient at the practice who was a specialist in this subject and the practice had acted on their recommendations. The reception, waiting room, an accessible patients' toilet and two treatment rooms were on the ground floor and there was wheelchair access into the building. Reception staff told us that they always booked patients with restricted mobility to be seen in the ground floor treatment room.

The practice had an induction hearing loop to assist patients who used hearing aids. Staff told us that had access to British Sign Language interpreting services which they used regularly including pre-booking an interpreter when booking appointments for a patient who needed this.

The practice had an equality and diversity policy.

Access to the service

Information in the 40 CQC comment cards described an accommodating service where patients found it easy to get appointments. Several wrote that they could always get an appointment the same day if they were in pain.

The practice was open Monday to Friday at the following times –

Monday, Wednesday and Thursday 8.30am to 5.30pm

Tuesday 8.30am to 7pm

Friday 8.30am to 5pm

Appointments were booked throughout the day until approximately half an hour before the practice closed.

Reception staff confirmed that the lengths of appointments varied according to the type of treatment being provided and were based on treatment plans. They explained that the clinicians let them know how long a patient's appointment needed to be. They showed us that between four and six 20 minute emergency appointments were kept free each day so the practice could respond to patients in pain.

The practice provided the NHS emergency out of hours dental service for South Warwickshire. This service is covered by a separate registration with CQC and we have written a separate report about it. For patients of the practice this meant that they could access out of hours emergency dental care at their usual dental practice and be seen by their usual dentists and dental nurses.

The practice provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the NHS 111 number when the practice was closed. Staff explained that the 111 team then passed information to the on call dentist who came to the practice with a dental nurse at a time agreed with the patient. A separate out of hours telephone number was available for private patients to use but the arrangements for being seen at the practice were the same.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns & complaints

The practice had a detailed complaints code of practice detailing their policy and procedures, and information leaflets for NHS and private patients. These provided information for patients about how the practice would deal with their complaint. Details of how they could complain to NHS England, the General Dental Council and the Dental Complaints Service (for private patients) were included. Brief complaints information was also provided in the practice information leaflet.

Reception staff showed us a notebook they used to record any informal concerns raised by patients. We saw this contained far more compliments than concerns and that issues raised were minor and had been dealt with straight away. We looked at the records of formal complaints. This was organised and had a log at the front to help the practice have oversight of the dates, concerns, actions and outcomes for any complaints patients made. There had only been three complaints for the main practice (and one for the out of hours service) in the last year. In each case we saw that the practice had responded promptly, had written to patients to apologise and agreed a response based on the individual case. We noted that one of the letters was a particularly friendly, open and transparent response.

Staff told us that all complaints were discussed at the practice's clinical meetings which took place every two weeks and at full practice meetings every four months. We saw from the records that complaints were used by the team to look at how they did things and make changes or improvements if needed.

Are services well-led?

Our findings

Governance arrangements

The practice had two full time practice managers who worked together to manage the service alongside the registered manager. There was a formal management structure and staff understood their roles and responsibilities and had delegated tasks to ensure the practice ran smoothly.

The practice's statement of purpose outlined their aim to provide a high quality service and had a range of policies and procedures to support them in this. These related to personnel management, clinical governance and compliance with legislation which applied to businesses and specifically to dental practices. These included written confidentiality and data management policies to help ensure patients' personal information was treated with care and in accordance with legislation.

Leadership, openness and transparency

The practice had clear arrangements for the support and management of the practice team. Staff told us they felt very well supported by the practice managers and clinicians and said the practice was a happy place to work.

The practice had a bullying and harassment policy and a whistleblowing policy describing staff rights in respect of raising concerns about their place of work under whistleblowing legislation. This included the contact details of organisations staff could contact if they needed to report a concern to someone external to the practice, as did the complaints and safeguarding policies.

Staff told us they felt there was good teamwork at the practice and said they felt well supported. The staff team were positive, professional and enthusiastic and felt valued by the provider.

Management lead through learning and improvement

There was a friendly and supportive culture at the practice and the team were committed to learning, development and improvement. Training and staff appraisals took place and the practice held a range of regular meetings which were used for training and development as well as for information sharing.

We saw that the practice used a range of audits to help them monitor the service they provided. These included audits of X-rays, waiting times, and the checks carried out by dentists of patients gum health.

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

The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for July, August and September 2015. These showed that from 71 responses 48 patients were 'extremely likely' to recommend the practice and 21 were 'likely' to do so. Of the remainder one was neutral about this or didn't know. Only one said they were 'unlikely' to recommend the practice. The practice also showed us the results of their internal August 2015 patient survey. They had analysed that the results were 91.3% positive and 8.7% negative. Based on responses the practice planned to –

- Refurbish the waiting room
- Update the practice website and leaflet every three months
- Improve arrangements to make sure all patients are always aware of treatment options and plans
- Establish a patient forum

Reception staff told us they took part in full practice meetings and also had reception team meetings every three months. They told us that minutes were made of the meetings and that each member of staff received their own copy. They told us their ideas and views were listened to. For example, they had commented on the low seats being difficult for some patients and higher seats were going to be provided when the waiting room was refurbished.