

Portman Healthcare Limited St Martins Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 22 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

St Martins Dental Practice is in Hereford and provides private treatment to adults and children.

There is a large ramp to the side of the building which provides access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

The dental team includes seven dentists, nine dental nurses, two dental hygiene therapists, two receptionists, a deputy manager and a practice manager. The practice has seven treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at St Martins Dental Practice was the practice manager.

On the day of inspection we collected 45 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, two dental nurses, one dental hygiene therapist, two receptionists, the compliance facilitator and the deputy manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: from 9am to 5.30pm

Tuesday: from 8am to 7.30pm

Wednesday: from 8am to 7.30pm

Thursday: from 8am to 5.30pm

Friday: from 8am to 5.30pm

Our key findings were:

- Effective leadership was provided by the practice manager and deputy practice manager.
- Staff we spoke with felt well supported by both the practice manager and deputy practice manager and were committed to providing a quality service to their patients.
- The practice appeared clean and well maintained. An external company was contracted to provide this service and cleaning schedules were maintained to monitor this.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk. There was a process in place for the reporting and shared learning when significant events occurred in the practice.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Safeguarding contact details were displayed in the practice manager's office and the staff room. Both the practice manager and deputy practice manager had completed a designated safeguarding officer course.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs. Patients could access routine treatment and urgent care when required.
- Due to being part of a corporate organisation the practice was supported further by staff based at their head office 'The Port'.
- The practice asked staff and patients for feedback about the services they provided. Results of these audits were analysed and action plans implemented.
- The practice staff dealt with complaints positively and efficiently. Additional support was available from the group's internal complaints lead.
- The practice staff had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all relevant dental materials and substances.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. This included support from a compliance facilitator who completed audits twice a year to ensure processes were kept up to date.

They used learning from incidents and complaints to help them improve. In addition to the practice manager investigating, sharing learning and monitoring incidents an external company was also contracted to monitor and analyse incidents within the practice. The learning from these was discussed at team 'huddles' and staff meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding contact details were displayed in the practice manager's office and the staff room. Both the practice manager and deputy practice manager had completed a designated safeguarding officer course.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, first class and gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. In house referrals were made to the two practice dental hygiene therapists and a visiting implantologist.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. The company funded online training for all employed staff. External training such as basic life support, infection prevention control and fire safety was provided in house for all staff. The dental nurses had extended duties which included radiography, impression taking and oral health education to enhance patient support.

The practice provided hygiene appointments and some nurses were trained in oral hygiene education. The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dental nurses regularly visited local

No action



Summary of findings

schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this they attended the local secondary school careers evening to give advice on dental career pathways. Details of these events were captured in the practice's monthly newsletter and on their social media website.

Are services caring?

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

We received feedback about the practice from 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very kind, polite and helpful.

They said that they were given thorough explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

We observed receptionists team members supporting patients in a friendly, helpful and polite manner. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

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's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Tuesday to Friday from 8am and late on Tuesday and Wednesday until 7.30pm.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had purchased a wheelchair for a patient who could not fit theirs in their car and this was available for them to use at every visit. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. Expansion to the building had been thoughtfully designed to enhance accessibility which included ramped access to the side of the building, an assistance bell on the side door, braille signage throughout the practice, a lowered part of the reception desk for wheelchair users, two ground floor treatment rooms and an accessible toilet with grab rails, an assistance bell and a baby change unit.

The practice was aware of the needs of the local population and took those these into account in how it ran. The practice scheduled dedicated nurse led clinics during the school summer holidays for mouthguard appointments. Several team members had attended a step inside dementia course to improve their understanding and help support patients living with dementia.

No action



Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Additional support was available from the groups internal complaints lead. The practice displayed their complaints policy in the reception area and on their patient information leaflet.

Are services well-led?

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

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

Staff told us that they felt well supported and could raise any concerns with the practice manager and the deputy practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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

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

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Safeguarding local authority contact details were displayed in the practice manager's office and the staff room. Both the practice manager and deputy practice manager had completed a designated safeguarding officer course. We saw evidence that all staff received appropriate safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. The deputy practice manager had recently completed training in this as part of their business administration course.

The practice had a whistleblowing policy, which included contact details for Public Concern at Work, a charity which supports staff who have concerns they want to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where a patient refused to use rubber dam we were advised that the dentists would not proceed with treatment and would record this in the patient's dental care record.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice used digital X-rays which reduced the dose of radiation.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. An external company was contracted to monitor, update and support the practice in relation to health and safety arrangements.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance which was on display in the reception area.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. This was last completed in November 2017. In addition to this medical emergency scenario training was completed in house every four months to ensure staff were kept up to date.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with GDC Standards for the Dental Team.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There was a dedicated decontamination room which served all seven dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. A dedicated dental nurse was responsible for ensuring that high standards were followed. Records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in January 2018 scored 99% and showed that the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

The practice accepted referrals for dental implant and root canal therapy treatments. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice protected staff and patients with guidance available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials and the practice were in the process of completing risk assessments for these. This information was stored in a designated COSHH file.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework. This helped the practice understand risks and gave a clear, accurate and current picture that led to safety improvements.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. In addition to the practice manager investigating, sharing learning and monitoring incidents an external company was also contracted to monitor and analyse incidents within the practice. The learning from these was discussed at team 'huddles' and staff meetings.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras and a microscope to enhance the delivery of care. For example, one of the dentists had a particular interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

Helping patients to live healthier lives

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption. This was further enhanced by promotion through monthly oral health displays in the waiting room. Topics included mouth cancer, smoking cessation and alcohol advice, dietary advice and national smile week.

The practice provided hygiene appointments and some nurses were trained in oral hygiene education. The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. One of the dental nurses regularly visited local schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this they attended the local secondary school careers evening to give advice on dental career pathways. Details of these events were captured in the practices monthly newsletter and on their social media website.

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

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The company funded online training for all employed staff. External training such as basic life support, infection prevention control and fire safety was provided in house for all staff. The dental nurses had extended duties which included radiography, impression taking and oral health education to enhance patient support.

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for implant procedures and they monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very kind, polite and helpful. We observed receptionist team members supporting patients in a friendly, helpful and polite manner at the reception desk and over the telephone. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information leaflets, practice policies and thank you cards were available for patients to read. Music was played in the treatment rooms and there were magazines and a dedicated children's waiting area featuring colouring materials, books and quizzes available for patients. The practice provided drinking water for patients in the waiting room.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients due to the waiting room being located away from the reception desk. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice used social media websites and monthly newsletters to keep patients informed of any staff updates, oral health promotion and advice.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Several team members had attended a step inside dementia course to improve their understanding and help support patients living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had purchased a wheelchair for a patient who could not fit theirs in their car and this was available for them to use at every visit.

The practice had made reasonable adjustments for patients with disabilities. Expansion to the building had been thoughtfully designed to enhance accessibility which included ramped access to the side of the building, an assistance bell on the side door, braille signage throughout the practice, a lowered part of the reception desk for wheelchair users, two ground floor treatment rooms and an accessible toilet with grab rails, an assistance bell and a baby change unit. In addition to this chairs with arms and leg extenders were placed in the waiting room, reading glasses and large print documents were available at reception and longer appointments were given to patients who required additional time to get in to the treatment room.

A Disability Access audit had been completed in November 2017 and an action plan formulated in order to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

All patients were reminded of appointments two working days before either by text message or a telephone call dependant on the patient's preference. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice particularly if they had a long appointment scheduled.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice offered extended hours appointments opening early Tuesday to Friday from 8am and late on Tuesday and Wednesday until 7.30pm.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice scheduled dedicated nurse led clinics during the school summer holidays for mouthguard appointments.

They took part in an emergency on-call arrangement with some other local practices for their private patients. The practice signposted NHS patients to the NHS 111 out of hour's service.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed their complaints policy in the reception area and in their patient information leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with complaints and additional support was available from the groups internal complaints lead. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The deputy practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. They had the experience, capacity and skills to deliver the practice strategy and address risks to it. The practice was part of a corporate group and received additional support from delegated leads based at their head office 'The Port'

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values which was displayed in the staff room and in the practice manager's office. The values consisted of being patient focused, caring, innovative, passionate and transparent. The vision was to ensure that patient care was at the heart of everything the team did and ensuring that the practice was an amazing place to work.

The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice business plan detailed 'Project 65' which was a future corporate wide strategy to open all practices for 65 hours a week to offer extended opening hours for patients to be seen outside of normal working hours.

Culture

The practice had a culture of high-quality sustainable care.

Staff told us that they felt well supported and could raise any concerns with the practice manager and the deputy practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice had a policy relating to duty of candour which was discussed at a staff meeting in March 2018 to ensure all staff understood the importance of this.

The practice held weekly team huddles and monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. In addition to this, weekly newsletters were emailed to all staff to share group updates.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. A 'Who's who in Portman' document was displayed in the reception to ensure all staff were aware of the groups delegated leads.

The clinical director had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, suggestions box feedback and verbal comments to obtain patients' views about the service. The result from the patient satisfaction survey in March and April 2018, which was completed by 39 patients, was very positive. The results showed that out of a possible satisfaction score with ten being highly satisfied the practice scored an average of nine. Feedback from patients included 'gentle yet thorough', 'excellent service and very professional staff', reception staff are helpful and cheery' and 'very efficient with a happy atmosphere'.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, prescriptions, hand hygiene, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole practice team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.