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Evesham Place Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 October 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 Andrew Browne, the provider. The practice provides NHS out of hours emergency dental treatment for all of South Warwickshire and NHS treatment for its own patients. Andrew Browne is also the clinical director and registered manager of Evesham Place Ltd which provides NHS and private dental treatment at the practice from Monday to Friday. We have produced a separate report about this although many elements of the two services are the same.

The out of hours service at Evesham Place is provided by members of the team from the main practice which is made up of four dentists, 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 dentists and dental nurses work on a rota system to provide cover each evening and at weekends and bank holidays.

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

Summary of findings

us about their experience of the practice. We collected 40 completed cards but only one of these appeared to have been filled in by a patient who had attended the practice to use the out of hours service. This described how the practice had seen them promptly and gave them treatment which resolved the pain they had been in. Patients of the main dental practice spoke highly of the practice team and were positive about their experience of being a patient there. The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for July to September 2015. It was probable that some of these could have been from patients seen out of hours. 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.

Our key findings were:

- 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 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.
- When the practice saw patients from other practices they created dental care and treatment records as they would for patients of the main practice.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients were able to make emergency appointments at the practice through the NHS111 system which made an initial assessment and arranged for the on call dentist to speak with them if necessary. The dentist then arranged to see patients at the practice if they required further assessment and treatment.
- 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 service provided NHS dental care to its own patients and emergency NHS dental assessment, care and treatment to patients in South Warwickshire who were in pain or needed attention urgently outside normal opening hours. The practice confirmed that they created detailed assessment and treatment records for those patients in the same way as for patients of the main practice. 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 but only one of these appeared to have been filled in by a patient using the out of hours service. We did not have the opportunity to speak with patients at the practice because emergency appointments were arranged at specific times to suit individual patients. In their comment cards patients of the main practice were very positive about the caring and friendly approach of all members of the practice team.

Are services responsive to people's needs?

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

The out of hours NHS emergency service was available to patients in South Warwickshire whether or not they were patients of the main practice which operated at Evesham Place Dental Practice. The practice told us they had seen 279 patients during the six months before the inspection.

Information about NHS charges was available for patients at the practice. 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; this included the arrangements for the smooth running of the out of hours 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 provider (who is a dentist and the clinical director and registered manager of the main practice). 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. However, only one of these appeared to have been filled in by a patient who had used the emergency out of hours service. The practice also provided information about their NHS Friends and Family results for July to September 2015 but we could not tell whether any of these results specifically reflected the out of hours service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice 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.

Patients coming to the practice for emergency out of hours dental care were seen by a dentist and a dental nurse to provide assistance for the dentist during treatments but also to act as a chaperone.

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 for the main practice 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 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 they 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.

Are services safe?

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. The practice confirmed that in the same way as for patients registered with the main practice, the dentists completed dental care records for the patients who attended the practice for emergency out of hours care to record the assessment of the care they needed and details of the treatment and advice provided. Patients were asked to complete a medical history form before treatment was provided.

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.

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.

Participation in the out of hours service rota was optional.

Working with other services

The practice's statement of purpose included the aim to involve other professionals in patients' care where necessary. This service differed from a usual dental service in that although they might see some of the patients registered with the main practice most were patients at other practices in South Warwickshire or did not have a regular dentist. The service did not therefore have an ongoing relationship with the majority of patients or with other dental professionals involved in the care and treatment. Evesham Place dental practice's contract with NHS England to provide out of hours emergency dental services did not require them to notify patients' usual dentist that they had seen and treated a patient. The NHS 111 service notified patients' GP practices of any contact with them.

The provider explained that if a patient needed follow up treatment they gave them a treatment summary and a copy of any X-ray taken to take back to their own dentist. Some patients the practice saw for emergency treatment did not have a regular dentist. In these situations the practice advised them how they could choose a dentist.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions 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 but only one of these appeared to be filled in by a patient who had used the emergency out of hours service run from the practice. We did not have the opportunity to speak with patients at the practice because individual appointments were arranged in agreement with patients as and when needed.

Patients of the main practice 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. 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. However, there was no way for us to establish whether the information came from patients using the emergency service or those who were regular patients of the main practice.

During the day we saw and heard staff dealing with patients using the main practice in person and on the telephone. In each case the staff were friendly, kind and efficient.

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. Although only one person who had used the emergency service appeared to have filled in one of the comment cards we were confident that the dentists' general approach would be the same for patients using the out of hours service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

This service provided out of hours NHS emergency assessment, care and treatment for patients in South Warwickshire who were experiencing dental pain or discomfort which needed urgent attention outside normal dental practice opening hours. The practice told us that in the six months before the inspection they had seen 279 patients at the out of hours service provided at the practice.

There was information for patients in the waiting room. This included details of NHS charges.

Tackling inequity and promoting equality

The practice was situated not far from the centre of Stratford upon Avon and provided NHS emergency dental treatment to patients referred to them by the NHS 111 service from across South Warwickshire. Staff told us that very few patients who were not able to converse confidently in English had attended 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 if needed.

The practice had an equality and diversity policy.

Access to the service

Patients were referred to Evesham Place by the NHS 111 telephone service. Dental practices in the area normally informed their patients to telephone the 111 number for dental emergencies outside usual practice opening hours. Staff at the 111 service made an initial assessment and then referred patients to Evesham Place if they needed further assessment or treatment.

Concerns & complaints

The practice had a detailed complaints code of practice detailing their policy and procedures, and an information leaflet for NHS patients. These provided information for patients about how the practice would deal with their complaint. Details of how they could complain to NHS England and the General Dental Council 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 one for the out of hours service in the last year. This case was reviewed by the practices professional indemnity provider who concluded that the dentist involved had provided the appropriate advice to the patient.

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 provider. There was a formal management structure and staff understood their roles and responsibilities and had delegated tasks to ensure the practice, including the out of hours service 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 forms for this all went into the same Friends and Family box provided by the NHS and so the practice had not been able to separate responses from emergency out of hours patients from those of the main 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 make changes some of which would benefit patients using the emergency service –

- 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.