

Mr. Richard Colebourne

Evesham Dental Health Team

Inspection Report

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Overall summary

We carried out this announced inspection on 24 October 2017 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

Evesham Dental Health Team is located in Evesham and provides predominantly private treatment with a small NHS contract to patients of all ages.

The practice is situated in a converted residential building which has been extended to provide additional facilities for patients. The building is spread over three floors with an adjoining annexe and there is level access into the practice for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a front reception with patient seating area, a back reception, two patient toilets, two dental treatment rooms, two stock rooms, a staff changing room and a staff

Summary of findings

kitchen. On the first floor there is an x-ray room, three hygiene treatment rooms, one dental treatment room, a consultation room, a patient toilet and a decontamination room for the cleaning, sterilising and packing of dental instruments. The second floor is not accessible to patients and contains a dental laboratory and additional storage. The adjoining annexe houses the practice management office and further staff changing facilities. The practice benefits from five car parking spaces in their dedicated car park, they have a reserved for disabled access sign that they use to ensure that patients requiring the larger car parking space have access.

The dental team includes three dentists, 11 dental nurses, two dental hygiene therapists, two dental hygienists, three care coordinators and a practice manager. The practice has six treatment rooms in total.

The practice is owned by the principal dentist and his wife who is the practice manager there 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 Evesham Dental Health Team is the practice manager.

On the day of inspection we collected 41 CQC comment cards filled in by patients and received 18 'share your experience' contacts through the CQC database. This information gave us an extremely positive view of the practice.

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

The practice is open:

Monday: 8.30am – 7pm

Tuesday: 8.30am – 7pm

Wednesday: 8.30am – 7pm

Thursday: 8.30am – 7pm

Friday: 8.30am – 5.30pm

Three out of four Saturdays: 8am – 1pm

Our key findings were:

- We noted that the practice ethos was to provide quality dental care in an environment that was supportive, friendly and relaxed.
- Strong and effective leadership was provided by the principal dentist and empowered practice manager. Staff felt involved and supported and worked well as a team.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the principal dentist and practice manager.
- The practice was clean and well maintained. Contracted cleaners were responsible for the day to day cleaning.
- 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. 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 had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided. Information from 41 completed Care Quality Commission (CQC) comment cards and 18 'share your experience' patient contacts on the CQC database gave us an extremely positive picture of a professional, friendly, caring and high quality service.
- The practice dealt with complaints positively and efficiently.

Summary of findings

We identified an area of notable practice.

- The practice were dedicated to protecting patients from oral cancer and had purchased equipment that could identify abnormal cells often pertaining to oral cancer. All patients were screened using this equipment at every six monthly assessment appointment. If there was a change in the cells patients were then recalled for a retest at a set period of time and then referred to secondary care if appropriate. In addition to this the practice advertised in the local GP practices and pharmacies that this

service was free for any local person who wished to be screened as a commitment to minimising late diagnosis of oral cancer in the local area and saving lives.

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

- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities ensuring these are reviewed annually.

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. The practice had completed comprehensive general and health and safety risk assessments however, these were not reviewed on an annual basis to ensure that risks were continually being monitored and mitigated.

They used learning from incidents and complaints to help them improve. The learning from these were discussed at team 'huddles' and monthly staff meetings.

The practice held NHS and private prescriptions. The prescription details were documented in the patients clinical care records when issued and they were stored securely. We found that prescriptions were not recorded and logged centrally prior to being issued which prevented the practice from being able to track all prescriptions and audit them.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The principal dentist and practice manager were the safeguarding leads in the practice.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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 the best treatment ever, outstanding, painless and highly professional. 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.

The practice were highly committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists and dental hygiene therapists through a clear care pathway. All patients received extensive oral hygiene instruction before any treatment and were given a card with their basic periodontal examination scores and further advice to use between appointments. The practice highlighted the dangers of bacteria found in

No action



Summary of findings

plaque by removing a small amount of plaque from the patient's mouth and placing this under a microscope so that this could be viewed on the monitor in the consultation room. This increased patient understanding of gum disease and demonstrated the importance of good oral hygiene.

The practice supported staff to engage with local charities and gave staff paid time off to visit a diverse range of local community groups providing preventive oral hygiene advice. Some of the practice nurses visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this, one of the dental hygiene therapists also visited local care and residential homes meeting with the carers and nurses and delivering oral health advice to enhance their learning and better support residents.

The practice were dedicated to protecting patients from oral cancer and had purchased equipment that could identify abnormal cells often pertaining to oral cancer. All patients were screened using this equipment at every six monthly assessment appointment. If there was a change in the cells patients were then recalled for a retest at a set period of time and then referred to secondary care if appropriate. In addition to this the practice advertised in the local GP practices and pharmacies that this service was free for any local person who wished to be screened as a commitment to minimising late diagnosis of oral cancer in the local area and saving lives.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Every patient was allocated a dedicated nurse that supported them throughout the course of their treatment. Most of the dental nurses had extended duties which included impression taking, topical fluoride application, radiography and oral health instruction to enhance patient support.

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 59 people. Patients were extremely positive about all aspects of the service the practice provided. They told us staff were very helpful, excellent, first class and more like friends than providers of a service. They said that they were given very knowledgeable advice, care is always taken to reassure and relax patients and said the team were attentive and listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

The practice care coordinators were on hand to discuss patient needs at length and ensure any reasonable adjustments were made for patients visiting the practice including reserving disabled car parking if required. The care coordinators also made after care calls to patients following treatment to ensure that they happy, offer any further advice and discuss any concerns they may have.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff always treated them with the utmost dignity and respect and that nothing was too much trouble.

No action



Summary of findings

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 Monday to Friday from 8.30am and late Monday to Thursday until 7pm. Saturday morning appointments were also available for patients preferring not to attend during the week.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice had been accredited by Dental Phobia UK who hold the practice details and supporting testimonials on their website as they were deemed experts with a great deal of experience of supporting phobic patients or people who were simply frightened of the dentist or the dental experience. The practice had many techniques available to support and rebuild phobic patient's confidence including immersive sensory experiences, sedation, hypnotherapy techniques and homeopathic approaches. The dental nurses and care coordinators worked very closely with the dentists to ensure every patient need was met.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The principal dentist, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and 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 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.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an on-going commitment to working to standards of good practice on professional and legal responsibilities. Evesham Dental Health Team was highly commended in recognition of outstanding standards of patient care in the Independent Dentistry 'Practice of the Year Award'.

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

No action



Summary of findings

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. We saw that 100% of the patients who responded to the friends and family test survey in September 2017 were extremely likely to recommend the practice to a friend or family member. The results from the practice satisfaction survey, suggestions box and comments book were also extremely positive.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents at regular team 'huddles' and monthly staff meetings to reduce risk and support future learning.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. The principal dentist and practice manager were the safeguarding leads in the practice. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, there were safeguarding policies displayed in the staff kitchen which detailed relevant local authority contact details.

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

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. Copies of this were held off site by the principal dentist and practice manager.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in June 2017. The practice also carried out medical emergency scenarios to ensure staff felt comfortable dealing with different types of medical emergencies. The most recent medical emergency scenario training was completed in October 2017 and was in relation to cardiac arrest.

The practice had all of 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.

One of the dental nurses was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked weekly.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff which was used alongside an induction training plan for new starters. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. There were sufficient numbers of suitably qualified staff working at the practice.

The practice manager had a clear process for checking 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's health and safety policies were up to date and reviewed to help manage potential risk. The practice had comprehensive risk assessments which covered general workplace and specific dental topics however these had not all been reviewed every year to ensure that risks were continually being monitored and mitigated. We discussed this with the practice manager who assured us that all risk assessments would be reviewed and annotated as such every year moving forward.

Are services safe?

Fire procedures were displayed throughout the building and we observed weekly emergency lighting, fire alarm and smoke detector checks were carried out routinely by a care coordinator. The practice carried out regular fire drills which were discussed at practice meetings, the last fire drill was completed in March 2017. External specialist companies were contracted to service and maintain the smoke detectors, fire alarm, emergency lighting and fire extinguishers. We saw annual servicing records for these which were all within the last year.

The practice had detailed information about the control of substances hazardous to health. These were well organised and easy for staff to access when needed.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental hygiene therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

There was a dedicated decontamination room which served all six 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. These arrangements met the HTM01-05.

The practice carried out infection prevention and control audits twice a year although this was not always at six monthly intervals. We were advised that diary reminders had been implemented to ensure these were completed every six months. The latest audit completed in October 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in February 2017.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice held NHS and private prescriptions. The prescription details were documented in the patients clinical care records when issued and they were stored securely. We found that prescriptions were not recorded and logged centrally prior to being issued which prevented the practice from being able to track all prescriptions and audit them.

We observed that the practice had equipment to deal with minor first aid such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

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, with the exception of the Health and Safety Executive notification. We were informed that this was in place and the practice would contact the HSE to request another copy.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation; this was last completed in September 2017.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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. This was last completed in October 2017.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

The practice were dedicated to protecting patients from oral cancer and had purchased equipment that could identify abnormal cells often pertaining to oral cancer. All patients were screened using this equipment at every six monthly assessment appointment. If there was a change in the cells patients were then recalled for a retest at a set period of time and then referred to secondary care if

appropriate. In addition to this the practice advertised in the local GP practices and pharmacies that this service was free for any local person who wished to be screened as a commitment to minimising late diagnosis of oral cancer in the local area and saving lives.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The practice were highly committed to providing extensive preventative oral hygiene advice and support. They routinely referred patients to their dental hygienists and dental hygiene therapists through a clear care pathway. All patients received extensive oral hygiene instruction before any treatment and were given a card with their basic periodontal examination scores and further advice to use between appointments. The practice highlighted the dangers of bacteria found in plaque by removing a small amount of plaque from the patient's mouth and placing this under a microscope so that this could be viewed on the monitor in the consultation room. This increased patient understanding of gum disease and demonstrated the importance of good oral hygiene.

The practice supported staff to engage with local charities and gave staff paid time off to visit a diverse range of local community groups providing preventive oral hygiene advice. Some of the practice nurses visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this, one of the dental hygiene therapists also visited local care and residential homes meeting with the carers and nurses and delivering oral health advice to enhance their learning and better support residents.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

Every patient was allocated a dedicated nurse that supported them throughout the course of their treatment. Most of the dental nurses had extended duties which included impression taking, topical fluoride application, radiography and oral health instruction to enhance patient support.

Are services effective?

(for example, treatment is effective)

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

Staffing

The practice actively encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The practice used an annual appraisal system to monitor the clinical team to ensure they had completed appropriate training to maintain their continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Evidence demonstrated all staff received an annual appraisal. Appraisal documents seen were comprehensive and contained up to date CPD records for the clinical team.

Staff new to the practice had a period of induction based on a structured induction programme. The staff induction had been carefully planned to compliment different styles of learning and included an induction checklist, reading materials, shadowing experienced colleagues and task specific demonstration videos.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed

treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly. Patients were routinely given copies of referral letters for their records.

Consent to care and treatment

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 clinical team were aware of the need to consider Gillick competence when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had an equality and diversity policy that was reviewed and discussed with the team on an annual basis.

Patients commented positively that staff were very helpful, excellent, first class and more like friends than providers of a service. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. The practice care coordinators were on hand to discuss patient needs at length and ensure any reasonable adjustments were made for patients visiting the practice including reserving disabled car parking if required. The care coordinators also made after care calls to patients following treatment to ensure that they were happy, they offered any further advice and discussed any concerns they may have had.

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. The practice had a back reception area which was quieter for nervous patients and provided some privacy for care coordinators to calm and reassure patients. The reception computer screens were not visible to patients and staff did not leave 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.

Soothing music was played in the front reception and there were magazines and a children's area featuring colouring

materials, books and quizzes available for patients. The practice provided drinking water, tea, coffee and healthy snacks. In every patient toilet the practice had placed complimentary single use toothbrushes with toothpaste.

The practice dedicated time to ensure that they listened to patients needs at the initial appointment held in the consultation room. Ipads were displayed above the chairs in the dental treatment rooms for patients to view films or listen to music of their choice. Patients also had the option of bringing their own music to be played. There were picture boards and lava lamp projections on the ceiling to help relax patients and aromatherapy scents and blankets were available.

Information folders, thank you cards and patient testimonial biographies were available for patients to read.

Involvement in decisions about 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.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants and orthodontics.

Each treatment room had a large screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described several examples of new nervous patients who entered the practice and stalled in the hallway. The team were experienced at identifying and reassuring nervous patients and advised that they would go into the hallway and take the patient into the back reception which was quieter to discuss their needs and concerns.

The practice had been accredited by Dental Phobia UK who hold the practice details and supporting testimonials on their website as they were deemed experts with a great deal of experience of supporting phobic patients or people who were simply frightened of the dentist or the dental experience. The practice had many techniques available to support and rebuild phobic patient's confidence including immersive sensory experiences, sedation, hypnotherapy techniques and homeopathic approaches. The dental nurses and care coordinators worked very closely with the dentists to ensure every patient need was met.

Staff told us that some patients requiring assistance getting their wheelchairs out of their cars would call the practice so that the care coordinators could go outside and assist them.

Promoting equality

The practice completed a disability audit in 2011 to identify where they could make improvements and reasonable adjustments for patients with disabilities. Adjustments

already in place included step free access, a hearing loop, reading glasses, a magnifying glass, low level reception desk, pictorial information and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille. Several members of the practice team were multi lingual.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. They offered early appointments from 8.30am Monday to Friday, evening appointments until 7pm Monday to Thursday and opened most Saturdays for those patients unable to attend during usual opening hours.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and zoned appointment diaries to ensure several appointments were free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. 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 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.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received over 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

Governance arrangements

The principal dentist 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 practice had policies and procedures to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held team huddles three times a week 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.

Learning and improvement

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

The principal dentist and practice manager showed a commitment to learning and improvement and valued the

contributions made to the team by individual members of staff. The care coordinators and dental nurses had received annual appraisals. The practice manager advised us that they were in the process of scheduling appraisals for the dental hygienists, dental hygiene therapists and associate dentists. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The principal dentist and practice manager were members of the Gloucestershire Independent Dentists (GID) committee and were responsible for organising training events of affiliated local dental professional members. As such the full practice team participated in GID training days which were attended approximately every quarter, giving them access to postgraduate programmes and internationally renowned speakers on a full range of clinical and allied topics.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an on-going commitment to working to standards of good practice on professional and legal responsibilities. Evesham Dental Health Team was highly commended in recognition of outstanding standards of patient care in the Independent Dentistry 'Practice of the Year Award'.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, suggestions cards, verbal comments, complaints and appraisals to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on for example, following several patients asking to purchase toothbrushes at the front reception so that they could clean their teeth prior to their appointments the practice placed complimentary single use toothbrushes with toothpaste in each patient toilet. The practice were also keen to support their neighbours and following a

Are services well-led?

complaint from a neighbour relating to patients parking on the roadside by their property the practice extended their car park and placed signs outside the advising patients not to park on that road and of alternative sites.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw results from September 2017 where 100% of the respondents would recommend this practice to friends and family.

The result from the practice satisfaction survey in November 2016, which was completed by 27 patients, was

very positive. The results showed that 100% of patients felt that all members of staff were professional and courteous and 100% of patients felt that dental treatment options were clearly explained.

We received 18 'share your experience' contacts on the CQC database which gave us an extremely positive picture of a professional, friendly, caring and high quality service. Comments written included: absolutely brilliant dental practice, first class service across all departments, excellent, gentle dentists, and I have every confidence in this practice.