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Rainford Orthodontic Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Rainford Orthodontic Practice is situated in the village of Rainford, St Helens and provides mainly specialist orthodontic NHS treatment to children and young adults and some private treatment to patients of all ages. Orthodontics is specialist dental treatment which corrects irregularities in the alignment of the teeth in order to improve the position, appearance and function of the teeth. The practice accepts referrals from dentists and self-referrals from patients currently attending a dentist.

The practice has two treatment rooms, a reception and waiting area, a dedicated decontamination room for cleaning, sterilising and packing dental instruments and an X-ray room. The building is single storey and is accessible to patients with limited mobility and wheelchair users. Disabled parking is available outside the premises.

The practice is staffed by a principal specialist orthodontist who is also the owner and an associate specialist orthodontist, a senior dental nurse who is also the practice manager, two orthodontic therapists, four dental nurses and a receptionist. The practice is open from 9.00am until 5.15pm each Thursday and from 9.00am until 5.00pm on Monday, Tuesday, Wednesday and Friday.

Summary of findings

We viewed 27 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with four patients on the day of our inspection. We reviewed patient feedback gathered by the practice through patient surveys and comments from the NHS Friends and Family Test. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring, respectful and they had confidence in the dental services provided.

Our key findings were

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Strong and effective leadership was provided by the principal dentist and an empowered practice manager.
- Specialist orthodontic dental care was provided in accordance with current legislation, standards and guidance.
- Patients could access treatment and urgent and emergency care when required. There were clear instructions for patients regarding out of hours care.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice owners and practice manager.
- Staff we spoke with felt well supported by the practice owner and practice manager.

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 to assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

No action

Are services effective?

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

The dentists carried out consultations, assessments and treatment in line with National Institute for Health and Care Excellence, Faculty of General Dental Practice, Department of Health, General Dental Council and British Orthodontic Society guidelines. Patients' dental care records provided comprehensive information about their current orthodontic needs and treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action

Are services caring?

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

We collected 27 completed Care Quality Commission patient comment cards and obtained the views of a further four patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented that the quality of care was good, staff were friendly and helpful and the dentists explained fully the proposed treatment.

The practice provided patients with information to enable them to make informed choices about treatment. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Policies and procedures were in place regarding patient confidentiality and maintaining patient data securely.

No action

Are services responsive to people's needs?

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

Patients could access treatment, urgent and emergency care when required. The practice was in single storey premises and had two ground floor treatment rooms with access into the building for patients with restricted mobility and families with prams and pushchairs.

No action

Summary of findings

There was an effective system in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

Are services well-led?

No action

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

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor those improvements had been maintained.

The practice had systems in place to seek and act upon feedback from patients using the service. They shared the comments and suggestions received with patients and described the changes they had made.

Rainford Orthodontic 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

This inspection took place on the 30 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with the principal specialist orthodontist, an associate specialist orthodontist, two dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the 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 manager demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had incident and accident reporting systems in place when something went wrong. We reviewed incidents and accidents that had taken place in the last 12 months and found the practice had responded appropriately.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The principal specialist orthodontist reviewed all alerts and spoke with staff to ensure they were acted upon. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

We reviewed the practice's policies and procedures for safeguarding vulnerable adults and children using the service. These were reviewed annually and provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams in the St Helens area. The practice manager told us that any concerns regarding patients seen from out of the area would be directed to the safeguarding teams in their local areas and that this information was readily available on local government websites. The principal orthodontist was the safeguarding lead professional for the practice and had been appropriately trained for this role. All staff had undertaken adult safeguarding and child protection training in the last two years.

Medical emergencies

The practice had clear guidance and arrangements in place to deal with medical emergencies at the practice. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained a medical emergency resuscitation kit, including oxygen and emergency medicines. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. The emergency medicines and oxygen we saw were all in date and stored in one of the treatment rooms. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Two members of staff were trained in first aid and first aid boxes were easily accessible.

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity and immunisation status; in addition to checking qualifications, indemnity insurance and professional registration. The practice manager told us it was their policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person

has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the files of two members of staff and found they contained appropriate documentation. There was a comprehensive induction programme in place for all new staff to familiarise themselves with how the practice worked. This included ensuring staff were knowledgeable about the health and safety requirements of working in a dental practice such as fire procedures, accident and incident reporting and the use of personal protective equipment. Staff recruitment records were ordered and stored securely. The practice had a system in place for monitoring staff had medical indemnity insurance and professional registration with the General Dental Council.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included fire safety, manual handling, radiation, general health and safety and the equipment used in the practice. They identified significant hazards and the controls or actions taken to manage the risks. All risk assessments were reviewed annually to ensure they were being effectively managed. The practice audited the safety of the building annually and carried out checks of the premises every three months.

The practice had a business continuity and disaster recovery plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included procedures to follow in the case of equipment failure, environmental events such as flooding or fire and staff illness. The policy contained up to date contact details for staff and support services.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were maintained and tested. Evacuation instructions were available in the waiting and reception areas and staff were knowledgeable about their role in the event of a fire. Fire drills to practice the evacuation procedures were carried out every three months. Staff were knowledgeable about what to do in an emergency and designated staff were trained as fire marshals.

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. These were detailed and specific to the running of the practice, dated and regularly reviewed. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Infection control

One of the dental nurses was the infection prevention and control lead professional and they worked with the principal specialist orthodontist and practice manager to ensure there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to support staff in following practice procedures. For example, posters about good hand hygiene and the decontamination procedures were clearly displayed in the treatment rooms and decontamination room.

We observed the two treatment rooms and the decontamination room appeared clean and hygienic; they were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control. Patients were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of

protective equipment for patients and staff members. We noted the practice had cleaning schedules and daily checks for each treatment room which were complete and up to date.

A dental nurse showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. Staff routinely manually scrubbed instruments prior to examining them under an illuminated magnifying glass to check for any debris or damage and sterilised them in an autoclave (a high temperature high pressure vessel used for sterilisation). Sterilised instruments were then placed in sealed pouches with a use by date. There were sufficient instruments available to ensure the service provided to patients was uninterrupted. Staff wore eye protection, an apron, heavy duty gloves and a mask throughout the decontamination process. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place.

Records showed an external risk assessment for Legionella was carried out in 2015 and the recommended measures advised by the report were in place. One of the dental nurses had a lead role regarding legionella and carried out regular checks to ensure the safety measures were being carried out. These included monitoring the temperature of the hot and cold sentinel taps in the practice and regularly purging the dental unit water lines with an appropriate disinfectant. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Staff received annual updates regarding infection prevention and control and hand hygiene training every three months. The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results showed the practice was meeting the required standards. Action plans demonstrated ongoing improvements made as a result of the audits; for example the installation of apron and glove dispensers and floor repairs following the March 2016 audit.

The practice were proactive about the importance of infection prevention and control. For example staff attended the infection prevention and control local network meetings where they received updates and shared good practice. They presented an annual statement of the practice's infection prevention control audits, changes and learning for the year 2015-2016 to the March 2016 network meeting and this was shared with staff at a practice meeting.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows that electrical appliances are routinely checked for safety) was carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

NHS prescription pads were securely stored and were stamped at the point of issue to maintain their safe use. The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training. X-rays were stored within the patient's electronic dental care record. We observed in the patient records any radiographs taken were justified, quality assured and reported in line with Faculty of General Dental Practice Guidance (FGDP).

We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in 2016 confirmed they were meeting the required

Are services safe?

standards which reduced the risk of patients and staff being subjected to further unnecessary radiation. There was evidence of ongoing learning and sharing of the outcome of the audit amongst the dental team.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with National Institute for Health and Care Excellence, Faculty of General Dental Practice, Department of Health, General Dental Council and British Orthodontic Society guidelines. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental history. The dentists carried out a detailed examination and assessment; and treatment was discussed with the patient. Details of the treatments carried out were documented including the options and costs.

We saw that the Index of Treatment Need, (IOTN), was used to assess children less than 18 years of age who had been referred to the practice, to determine their eligibility for NHS orthodontic treatment. The accurate use of the IOTN requires specialist training, which both specialist orthodontists had undertaken.

Both specialist orthodontists had attended training in the use of a peer assessment index, (PAR), and were able to carry out regular assessments to determine their PAR ratings. (The PAR index is a robust way of assessing the standard of orthodontic treatment that an individual provider is achieving and determining the outcome of the orthodontic treatment in terms of improvement and standards).Both specialist orthodontists had achieved PAR scores which evidenced good orthodontic treatment outcomes.

We reviewed a sample of dental care records with the specialist orthodontists and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. We saw patients' signed treatment plans containing details of treatment and where applicable associated costs. Patients confirmed in CQC comment cards that they were given clear information about treatment options.

The specialist orthodontists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's dental care record and these were reviewed in the practice's programme of audits. This reduced the risk of patients being subjected to unnecessary X-rays.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health; including a pack to support patients to manage their oral hygiene whilst wearing an orthodontic appliance.

Staffing

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted. The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Mandatory training was identified and included basic life support, information governance, safeguarding and infection prevention and control. Records showed staff were up to date with this learning. The practice manager kept comprehensive records of staff training to monitor that mandatory training and training identified in personal development plans were being completed.

Staff we spoke with told us they had good access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development. We confirmed that the orthodontic therapists and dental nurses received an annual appraisal and had a personal development plan. The appraisals were carried out by the principal specialist orthodontist.

Working with other services

Patients were referred to the service either by their dentist or by self-referral. The practice was committed to working in collaboration with the patient's dentist. The practice contacted the patient's' local dentist if they required more

Are services effective?

(for example, treatment is effective)

information about previous dental treatments. Following treatment details of the treatment provided and the outcome of the procedures was shared with the patient's dentist.

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff described the role family members and carers might have in supporting the patient to understand and make decisions. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The dental care records we looked at showed treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage, with paper records stored in lockable storage cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception.

Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Staff had access to training and written guidance regarding information governance, data protection and confidentiality. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 27 completed CQC patient comment cards and obtained the views of four patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented they were treated with respect and dignity and that staff were sensitive to the individual needs of their patients.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options with indicative costs where necessary. Information detailing NHS costs for replacement appliances and private treatment costs was displayed in the waiting area. We saw evidence in dental care records that dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw that the practice waiting area displayed a variety of information including a patient information leaflet which detailed the services the practice offered. The practice website also contained useful information to patients such as opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint.

Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each specialist orthodontist and therapist had appointments available daily to accommodate such requests.

Staff told us the appointment system gave them sufficient time to meet patient needs. Patients commented they had good access to routine and urgent appointments, sufficient time during their appointment and they were not rushed.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments to accommodate patients with limited mobility. Both treatment rooms were suitable for wheelchairs and pushchairs. An audio loop system was available on the reception counter for patients with a hearing impairment. Staff had accessed a telephone interpreter service to support patients with English as a second language.

Staff were knowledgeable about the support patients required. The practice were committed to ensuring easy access for all patients when they designed their proposed building extension. The practice audited the suitability of the premises annually and the most recent audit in April 2016 identified improvements the practice could make as part of the proposed refurbishment plan.

Access to the service

The practice was open 9.00am until 5.00pm four days each week and 9.00 am until 5.15pm on one day each week. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Patients confirmed they felt they had easy access to both routine and urgent appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint was seen in the patient leaflet and in the waiting room. The practice had received one complaint in the last 12 months which had been responded to in line with its policy.

Are services well-led?

Our findings

Governance arrangements

The principal specialist orthodontist and practice manager had day to day responsibility for running the practice and they had systems in place to monitor the quality of the service. They took lead roles relating to the individual aspects of governance such as responding to complaints, risk management and audit, equipment and staff support. Several dental nurses had lead roles within the practice, for example for health and safety, fire duties, infection prevention and control legionella. The practice was a member of the British Dental Association's Good Practice Scheme. (The BDA Good Practice Scheme is a framework for continuous improvement run by the BDA) The principal specialist orthodontist and the practice manager told us they were supported in how they monitored the quality of the service through this scheme. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

There was a comprehensive range of policies, procedures and guidance in use at the practice and accessible to staff. These included guidance about equality and diversity, flexible working, data protection and confidentiality. We noted policies and procedures were kept under review by the practice manager on an annual basis and updates shared with staff.

Leadership, openness and transparency

Strong and effective leadership was provided by the practice owner and an empowered practice manager. The practice ethos focussed on providing patient centred orthodontic care in a relaxed and friendly environment. The comment cards we saw reflected this approach. Staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the practice owner.

There were effective arrangements for sharing information across the practice including informal meetings and bi-monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback. Time was allocated to complete team training, for example for emergency resuscitation and basic life support.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. There was a comprehensive rolling programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality, record keeping and patient waiting times. The practice had discussed the results at staff meetings and identified where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development. The practice owners and practice manager encouraged staff to carry out professional development wherever possible. The practice ensured that all staff underwent regular mandatory training in areas such as cardio pulmonary resuscitation (CPR). We saw that the practice manager maintained a record of all staff's training records.

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

The practice had systems in place to seek and act upon feedback from patients using the service and staff. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results from the previous 12 months showed that all patients who provided feedback stated they would recommend the practice. Comments from the survey were discussed at the May 2016 staff meeting.

Staff confirmed that learning from complaints, incidents, audits and feedback were discussed at staff meetings to share learning and to inform and improve future practice.