

Queensway Orthodontics

Queensway Orthodontic Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 11 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Queensway Orthodontic clinic is in Billingham and provides NHS and private orthodontic treatment to adults and children. The orthodontic clinic is a sister practice to Queensway Dental clinic which is spread across two buildings; the main building and opposing "Crown" building. Each building has its own reception, waiting area, a dedicated sterilisation suite and patient facilities.

Summary of findings

Queensway Orthodontic clinic is located on the upper floor of the “Crown” building and has five treatment rooms. There is level access for people who use wheelchairs and pushchairs. Patients who are unable to ascend the stairs can be seen in their Queensway dental clinic’s ground floor treatment room. Car parking spaces are available, including a multi-storey car park opposite the practice.

The practice provides solely orthodontic treatment to patients – through internal or external referral.

The dental team includes three specialist orthodontists, four orthodontic therapists, an orthodontic service manager, four receptionists, nine dental nurses, three sterilisation technicians, a governance manager, a patient treatment co-ordinator and a business administrative team.

The practice is owned by a partnership 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 managers at Queensway dental clinic are the principal specialist orthodontist and the governance manager.

On the day of inspection, we collected eight CQC comment cards filled in by patients which gave us a positive view of the practice.

During the inspection we spoke with the governance manager, a specialist orthodontist, the treatment advisor, two dental nurses, a sterilisation technician and reception staff.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open **Monday to Friday** 8.30am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- 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 risks.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. The process for undertaking Disclosure and Barring Service (DBS) checks, monitoring immunisation status and other essential recruitment processes required reviewing.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients’ needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- Staff well-being was evidently a large priority to the partners of the practice. Numerous health and well-being options were available to staff.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The practice was providing preventive care and supporting patients to ensure better oral health in line with current guidelines.
- Oral health talks were given to various groups (schools, dementia clinics) throughout the region.

We identified areas of notable practice.

- Staff well-being was evidently a priority. Various measures for team building and learning were in place, as well as free access to support groups. In addition, physical aids were provided and exercise events such as yoga and walking also took place.
- Dental nurses involved in orthodontic nursing and assistance were provided with a comprehensive training programme led by a senior dental nurse. This involved one-to-one training and discussion of orthodontic procedures. We saw a training matrix covering a wide range of orthodontic subjects, including an introduction to orthodontics, use of cephalometrics, taking and developing occlusal radiographs, taking photos, intra-oral scanning,

Summary of findings

retainers and orthodontic record keeping. Each dental nurse was provided with a full one-to-one presentation and ensured sufficient time to understand and develop in the field.

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

- Review the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

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. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. We found certain pre-employment procedures were inconsistent between staff members including immunisation status and DBS checks.

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

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

No action 

Are services effective?

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

The dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The dental professionals 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.

We identified two areas of notable practice within Queensway Orthodontic clinic in aspects of staff support and training provision.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in oral health projects, quality improvement initiatives and peer review with other dental professionals as part of its approach in providing high quality care.

No action 

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 eight people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, professional and extremely friendly.

They said that they were given helpful, honest explanations about dental treatment, and said their specialist orthodontist or orthodontic therapist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dental practice.

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

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.

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

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.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. Each member of staff had a specific role or responsibility within the practice. This helped to support patient care and also encouraged staff to be involved in all practice duties. It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

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

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

No
action


Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The practice staff were aware of the need to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. We looked at four staff recruitment records. These showed the practice did not consistently follow their recruitment policy. We found DBS checks were undertaken by the employer for some employees and others had DBS checks from previous employers. We were told verbal inductions and verbal references were not documented for some staff members, whilst others were. We also found inconsistencies in ensuring all clinical staff had sufficient protection from the

Hepatitis B virus. For example, some staff had vaccination records and no titre levels, whilst others had titre levels and no vaccination record for follow up boosters. We saw two employment contracts in staff files and were told the other two were held off-site. We discussed this with the governance manager who told us they would ensure a more consistent approach.

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

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

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

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.

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the

Are services safe?

vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We found the immune statuses could not be confirmed for three members of clinical staff. The practice also did not have a risk assessment in place in relation to these staff working in a clinical environment when the effectiveness of the vaccination was unknown.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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

A dental nurse worked with the specialist orthodontists and orthodontic therapists when they treated patients in line with GDC Standards for the dental team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. All recommendations were being actioned and records of water testing and dental unit water line management were in place.

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

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

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dental professionals how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to and from other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. We saw the practice kept detailed log books of all referrals.

Safe and appropriate use of medicines

The specialist orthodontist and orthodontic therapist were aware of current guidance with regards to prescribing medicines and they confirmed the entire practice had reliable systems for appropriate and safe handling of medicines. Staff told us there was a rare need to prescribe medicines within orthodontic practice and patients would be referred back to their general dentist should the need arise.

Track record on safety

The practice had a good safety record.

Are services safe?

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We were shown a log detailing all incidents. This confirmed incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we noted there was one accident documented within the last 12 months relating to sharps injuries. This was addressed appropriately and shared with the whole team during staff meetings, in order to minimise recurrence.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice provided orthodontic treatments and had systems to keep dental practitioners up to date with current evidence-based practice. The specialist orthodontists carried out detailed assessments and treatments were provided in line with recognised guidance. Patients were recalled at suitable intervals for reviews of the treatment.

We spoke with orthodontic staff who described to us the procedures they used to support the specialist orthodontists within the practice. They told us the orthodontic therapists worked under supervision and a full prescription which was within their scope of practice.

The practice had an Orthopantomogram (OPG) machine which gives a 2-dimensional representation of the upper and lower jaws. This machine could also take a cephalogram for use in orthodontic treatments to enhance the delivery of care.

The practice was also equipped with two digital intra-oral scanners. These scanners provide accurate 3-dimensional images of the patients mouth to produce a superior fit of orthodontic appliances. They also enable patients to have a preview of their predicted final outcome prior to starting treatment. Precision monitoring of changes within the mouth during the course of treatment is also possible.

The orthodontic staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They would meet frequently to discuss orthodontic cases and new approaches to treatment.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Staff explained this was a key part in orthodontic treatment and a dedicated room was available for oral health education within the orthodontic clinic.

The dental professionals told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection

of dental products, including products specifically for cleaning around orthodontic brackets and appliances, for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. Staff participated in oral health discussions with local communities; they used puppets called Tilly and Toby for children's oral health promotion sessions and Doris and Derek to raise oral health awareness to carers of Dementia patients.

We spoke with a specialist orthodontist and dental nurses who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and detailed charts of the patient's gum condition.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dental professionals 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 dental professionals 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 and explained this was very rare. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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

We saw that the practice audited patients' dental care records to check that the specialist orthodontists or orthodontic therapists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We saw evidence of this for dental nurses and were told the dentists were given verbal structured inductions.

The provider used the skill mix of staff in a variety of clinical roles. Dental nurses involved in orthodontic nursing and assistance were provided with a comprehensive training programme led by a senior dental nurse. This involved one-to-one training and discussion of orthodontic procedures. We saw a training matrix covering a wide range of orthodontic subjects, including an introduction to orthodontics, use of cephalometrics, taking and developing occlusal radiographs, taking photos, intra-oral scanning and orthodontic record keeping. Each dental nurse was provided with a full one-to-one presentation and ensured sufficient time to understand and develop in the field. This was regularly updated and we believe this is notable as it ensures all staff involved in orthodontic care receive the support and means to learn further.

Staff were encouraged and supported to undertake further learning and qualifications to improve their dental competencies. Staff reported that they felt valued.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

Staff well-being was paramount at Queensway Orthodontic clinic. Regular staff days were introduced to allow for team building and learning, as well as providing physical exercise such as yoga and walking. Health aids such as pedometers and steel water bottles are provided to every staff member. Fresh fruit is ordered into the practice on a weekly basis to encourage healthy eating.

Staff have access to free counselling and other support. We were shown a 40% reduction in staff sickness in the last year and we were told this could be attributed to the support provided.

The practice had also received an award in enhanced staff well-being. We believe this is notable practice because good staff health contributes to efficient patient treatment.

Co-ordinating care and treatment

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

The practice received referrals for orthodontic treatment. We spoke to staff about the two-way communication process for these referrals and on-going care. It was evident appropriate systems were in place to acknowledge the referral, assess and treat the patient and inform the referrer of the patient's progress. Upon completion of treatment, a detailed letter would be sent to conclude the referral.

The specialist orthodontists and other dental professionals confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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

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

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

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They were friendly towards patients at the reception desk and over the telephone.

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

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, we saw visual aids were available for autistic children or for those who may benefit.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

The dental professionals described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images. The use of digital scanning enables patients to have a preview of their predicted final outcome prior to starting treatment and provides vital information in supporting their understanding.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The practice met the needs of more vulnerable patients, for example, by arranging appointments at times convenient to the patient and ensuring a sufficient appointment length was provided.

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

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

A disability access assessment was in place and detailed how the practice would consider various patient's needs. The practice had made reasonable adjustments for patients with disabilities. These included step free access, information leaflets in various forms and an accessible toilet with hand rails and a call bell.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111 out of hour's service.

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

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The governance 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 governance 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.

The practice had received no complaints within the last 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

A team of five principal dentists were the overall leaders of the Queensway Orthodontic clinic and Queensway Dental practice. They had the capacity and skills to deliver high-quality, sustainable care.

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

The principal dentists were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy also prioritised support and the wellbeing of staff at the practice.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The principal dentists acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents. Staff were aware of, and had systems to ensure compliance with, the requirements of the duty of candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

A specialist orthodontist had the overall responsibility for the management and clinical leadership of the practice. The governance manager supported them in their role. Staff knew the management arrangements and their roles and responsibilities.

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We were told the practice had changed the seats in the waiting room as patients had commented on the lack of support.

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.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. One example of a change implemented in response to staff suggestions was ensuring staff who worked beyond their

Are services well-led?

contracted hours were provided with extra time off and the provision of bonuses based upon quality outcome indicators achieved and not solely on attendance as previous.

Continuous improvement and innovation

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

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

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

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