Mr Colin Wallis

Specialist Orthodontic Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 27 April 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 not providing well-led care in accordance with the relevant regulations.

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?

No action

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. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found the equipment used in the practice was maintained and in line with current guidelines.

The practice did not have a have an effective recruitment procedure in place to assess the suitability of staff for their role. The practice had not obtained Disclosure and Barring Service (DBS) checks, immunisation history, references and identity checks.

Are services effective?

No action

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, for example, from the British Orthodontic Society (BOS), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We saw examples of effective collaborative team working.

Improvements could be made to ensure that all staff had completed continuing professional development to maintain their registration in line with requirements of

Summary of findings

the General Dental Council. The training, learning and development needs of individual staff members were not reviewed at appropriate intervals and the practice did not have an effective process for the on-going assessment and supervision of all staff.

Are services caring?

No action

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

We reviewed 29 CQC comment cards, the NHS Friends and Family test and spoke with two patients. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

Are services responsive to people's needs?

No action

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. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. The practice provided its own out of hours service. In the event of a dental emergency outside of normal opening hours details of the practice out of hours service were available for patients' reference.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. There were systems in place for patients to make a complaint about the service if required. The practice reviewed patients' comments and acted on them where necessary. Patients' comments from the NHS Friends and Family test were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service through the practice website.

Are services well-led?

Enforcement action

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Action at the end of this report).

Summary of findings

The practice did not have adequate governance arrangements in place. Policies and procedures were not effective to ensure the smooth running of the service. The practice did not have key policies such as whistleblowing, RIDDOR, recruitment, induction and appraisals.

The practice had not undertaken appropriate recruitment checks such as immunisation history, DBS and references to ensure that suitable staff were employed. The practice did not have a system in place to monitor essential staff information such as registration with the General Dental Council and professional indemnity.

Staff commented that the practice manager was open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

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

Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

Specialist Orthodontic Practice

Detailed findings

Background to this inspection

Background

Specialist Orthodontic Practice is located in Epping and provides NHS and private orthodontic treatment to patients of all ages. There is level access for people who use wheelchairs and pushchairs. The premises are on the ground floor and first floor. The practice consists of four treatment rooms, an X-ray room, two consultation rooms, a decontamination room and a reception area. The practice is open on Monday, Wednesday and Thursday 8:30am – 5:00pm, Tuesday 8:30am – 7:00pm and Friday 08:30am – 1:30pm.

The dental team includes the principal dentist, two associate dentists, an orthodontic therapist, a trainee orthodontic therapist, six dental nurses one of whom is also receptionist, a practice manager, an administrator, two receptionists, a treatment coordinator and a new patient coordinator.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 29 CQC comment cards filled in by patients and spoke with two patients. We reviewed the NHS Friends and Family test comment cards. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

During the inspection we spoke with the principal dentist, practice manager, an associate dentist, an orthodontic therapist, a dental nurse, a treatment co-ordinator and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients' needs were assessed and care was planned in line with current guidance such as from the British Orthodontic Society.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.

We identified regulations the provider was not meeting. They must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act

Detailed findings

2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.
- Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance.
- Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review its responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures to report, investigate and respond to accidents and incidents and significant events. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

Staff told us that the practice did not receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA), through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

The practice did not have a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were not aware of the procedure to report significant incidents. Staff we spoke with did not understand the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). We noted that the risk assessment was limited and the COSHH folder required updating. Some staff members we spoke with did not understand the requirements of COSHH.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. One of the associate dentists was the safeguarding lead. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. All members of staff we spoke with were able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice.

There was one reported safeguarding incident in the last 12 months. We saw records which showed that the incident was dealt with in line with the practice policy. We saw evidence that some staff had completed child protection and safeguarding adults training to an appropriate level.

We did not see evidence of training in child protection and safeguarding adults for 10 members of staff. Following our inspection the practice sent us confirmation that training was booked for 15 June 2017.

The practice did not have a whistleblowing policy. Staff we spoke with were not aware of the practice procedures for raising concerns.

The practice had a health and safety policy and had undertaken a range of risk assessments in July 2016. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Medical emergencies

The practice had most of emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice did not have an automated external defibrillator (AED). A portable suction was not available at the practice on the day of our inspection. Following our inspection the practice sent us confirmation these items had been ordered.

All emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence of up to date training in emergency resuscitation and basic life support for most members of staff. We did not see evidence of up to date training for two clinical members of staff. Following our inspection the practice sent us confirmation of medical emergencies training was booked for 27 July 2017.

Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. We reviewed the recruitment records for 15 staff members. The records did not contain all of the evidence required to satisfy the

requirements of relevant legislation including immunisation history and evidence of professional registration with the General Dental Council (where required). The practice did not have an effective system in place to monitor essential staff information. The practice did not have up to date immunisation records for eight clinical members of staff. When asked staff could not provide these records. Following our inspection the practice sent us confirmation that staff were due to attend appointments for immunisation checks with the occupational health department in May 2017.

The practice did not have evidence to show that identity checks, references and eligibility to work in the United Kingdom, where required, were carried out for staff. The practice carried out Disclosure and Barring Service (DBS) checks for two members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable]. The practice did not have evidence of DBS checks for 12 clinical members of staff. Staff told us these checks had been undertaken. When asked staff could not provide evidence of these DBS checks. Following our inspection the practice sent us confirmation that DBS checks had been undertaken on 03 May 2017.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had a fire evacuation plan and staff were aware of how to respond in the event of a fire. A fire risk assessment had been undertaken by an external company in April 2007. Staff told us the practice reviewed this risk assessment annually. We observed the practice did not have adequate fire safety signs which were illuminated in the event of a power failure. The practice did not have records of fire drills and fire alarm testing. Staff told us that fire drills and alarm testing had been undertaken. When asked staff could not provide records of this. Following our inspection the practice sent us confirmation that a fire risk assessment was booked for 06 June 2017.

We were told the dentists and orthodontic therapist normally worked with chairside support.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. The policy had been updated in August 2014. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. There was an infection control policy which had been updated in August 2014.

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

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

The practice had not undertaken a Legionella Risk Assessment. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Following our inspection the practice sent us confirmation that a Legionella risk assessment and Legionella awareness training was booked for 10 May 2017.

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

Equipment and medicines

There were service contracts in place for the maintenance of equipment such as the autoclaves and air condition units which were serviced in August 2016 and the washer disinfector in May 2016. The fire extinguishers had been checked in July 2016. A pressure vessel check had not been undertaken. The practice had portable appliances. We noted that a portable appliance test (PAT) had not been carried out. Staff could not provide evidence of a pressure vessel check and PAT test. When asked staff told us these checks had not been carried out. Following our inspection the practice sent us confirmation that a PAT test had been booked for 08 May 2017 and a pressure vessel check for 29 June 2017.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure

Are services safe?

the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports.

We saw records which showed that the X-ray equipment was serviced in February 2017. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

We confirmed that two of the dentists' IRMER training for their continuous professional development (CPD) was up to date. The practice did not have up to date evidence of IRMER training for one dentist. Following our inspection the practice sent us confirmation IRMER training was booked for September 2017.

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. This included following the National Institute for Health and Care Excellence (NICE) and British Orthodontic Society (BOS) guidance. The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the Index of Treatment Needs was carried out for each patient.

The dentists and orthodontic therapists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists and orthodontic therapist recorded when oral health advice was given.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Appropriate information was given to patients for health promotion. The practice website had educational videos on oral hygiene, caring for fixed or removable braces and caring for retainers.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and oral hygiene. Dental care records we checked confirmed this; for example we saw that the dentists and orthodontic therapist had discussions with patients about oral health and diet.

The practice believed in preventative care and supporting patients to ensure better oral healt. Staff told us the practice had a health promotion clinic where patients visited the practice for tooth brushing demonstrations and diet advice. The programme was being extended to a local primary school in May 2017.

Staffing

The practice did not have an induction policy. We did not see evidence of an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. When asked staff could not provide evidence of an induction policy. Following our inspection the practice sent us confirmation of an induction policy.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that some staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as oral cancer screening and legal and ethical issues. We saw records which showed the dental nurses had completed additional qualifications in radiography. We did not see evidence of up to date CPD for five clinical members of staff.

The practice did not have a policy for staff appraisals to identify training and development needs. We observed that staff appraisals had not been completed since July 2013.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately.

The practice accepted referrals for orthodontic treatment. We saw evidence of collaborative team working with local dental practices.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

Are services effective?

(for example, treatment is effective)

told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The dental care records we checked showed that options, risks and benefits of the treatment were discussed with patients. We saw that the dentists recorded consent was obtained prior to treatment. The practice also had consent forms for orthodontic 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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Improvements could be made to ensure the practice had a consent policy which would include Gillick competence.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw records which showed that the practice sought patients' views through the NHS Friends and Family test. We reviewed 29 CQC comment cards completed by patients in the two weeks prior to our inspection and spoke with two patients. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality which detailed how a patient's information would be used and stored. 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 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.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Comment cards completed by patients reflected that the dentists and staff had been very mindful of the patients' anxieties when providing care and treatment. Patients indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

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. The dentists told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood. The practice website provided patients with information about a range of treatments such as clear, lingual and ceramic braces. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice. We discussed the appointment booking system with reception staff. They explained that appointments for treatment were booked according to the treatment needed. Some patients commented on the efficiency of the service and being seen on time. Dentists told us that they arranged longer appointments for patients who were anxious about dental treatment or arranged these at the start or end of the day to suit the individual.

The practice had an efficient appointment system to respond to patients' needs. We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients told us they had enough time during their appointment and did not feel rushed.

Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice made reasonable adjustments for patients with disabilities. The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. There were treatment rooms located on the ground floor of the premises. The practice was accessible to people using wheelchairs, or those with limited mobility including a ramp and disabled toilet.

Access to the service

The practice displayed its opening hours in the premises and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the practice pager for out of hours service were available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice's investigation into their complaint.

The practice manager was responsible for dealing with complaints. 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. Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received three complaints in the last 12 months. We reviewed these complaints and saw that they were resolved in line with the practice complaints policy. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

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 did not have effective governance arrangements to ensure the smooth running of the service.

There was a lack of relevant policies and procedures such as Gillick competence, whistleblowing, RIDDOR, recruitment, induction and appraisals. We observed that the policies present were not regularly reviewed and updated. For example, we noted the infection control policy had not been updated since August 2014. This was not in line with guidance issued by HTM 01-05.

The practice had not undertaken appropriate recruitment checks such as immunisation, DBS and references to ensure that suitable staff were employed. The practice did not have a system in place to monitor essential staff information such as registration with the General Dental Council and professional indemnity. The practice did not have a system in place to ensure staff were up to date with continuing professional development.

The practice manager organised staff meetings to discuss key governance issues and staff training sessions. We saw records of regular staff meetings documenting discussions on team working, referrals, consent and medical emergencies.

Dental care records we checked were complete, legible and accurate and stored securely. The practice had computerised and paper based dental care records. All computers were password protected and records were stored appropriately.

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 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 did not have a whistleblowing policy which would include details of external agencies who could be contacted to raise concerns. We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays in April 2017. An infection prevention and control audit had been undertaken in January 2017. We saw records which showed that the audits had documented learning points, were analysed and the resulting improvements could be demonstrated.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patients' responses through the NHS Friends and Family. The NHS Friends and Family Test (FFT) is a national programme to allow patients to provide feedback on NHS services they have used.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have effective systems in place to ensure that the regulated activities at the Specialist Orthodontic Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **How the regulation was not being met:** **The provider did not have effective systems in place to** • Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity • Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. • Ensure that their audit and governance systems remain effective. • Maintain securely an accurate and complete record relating to people employed and the management of regulated activities. **Regulation 17 (1)**

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2), (3)