Leamington Spa Orthodontics Limited

Leamington Spa Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Leamington Spa Orthodontics provides mainly NHS orthodontic treatment for children and young people up to the age of 18. They also provide private treatment for adults and children. The practice is situated in the centre of Leamington Spa in a five storey listed period property. The practice is approved as an outreach training centre by the University of Warwick, the General Dental Council and the National Examining Board for Dental Nurses and has Investors in People status. The practice is part of the British Dental Association Good Practice scheme. The business is operated by a private limited company which has one director who is also the registered manager with CQC. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 practice has a large clinical team of orthodontists, orthodontic therapists, a dental hygienist and orthodontic nurses. The clinical team is led by the registered manager, an experienced and well qualified

Summary of findings

orthodontic specialist. They are supported by a team of practice co-ordinators and support staff. The practice has six treatment rooms with eight dental chairs and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and waiting room are on the ground floor. Access for patients with restricted mobility is available through the back entrance of the building and a ground floor treatment room is available for patients unable to go upstairs.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 38 completed cards and spoke with a young person and their parent during the inspection. Patients were complimentary about all aspects of the care and treatment they and their families received and many said they recommended the practice to other people.

Our key findings were:

- The practice had systems for dealing with significant events and accidents and staff understood their responsibilities for providing a safe service.
- The practice was visibly clean and had processes to help staff manage infection prevention and control effectively.
- The practice had systems, medicines and equipment for the management of medical emergencies and staff were trained to know how to deal with these. The practice had oropharyngeal airways, but did not keep these in the emergency oxygen kits. This had been recommended by their specialist external medical emergencies trainer because staff were not sufficiently trained in how to use them.
- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice undertook the required employment checks on new staff.
- Clinical records included the essential information expected about patients' care and treatment including treatment plans and consent to care and treatment.
- The practice was committed to staff education and development. Staff received training appropriate to their roles and were encouraged and supported in their continued professional development (CPD).
- The practice received very few complaints but had a clear system for handling and responding to these.
- Patients who completed Care Quality Commission comment cards were pleased with the care and treatment they or their family member received and were complimentary about the whole practice team.
- The practice had well organised governance and leadership arrangements and an open door policy which made staff feel valued and listened to.
- The practice had open and supportive leadership and staff were happy, professional and enthusiastic.

We found an area where the provider could make improvements and should:

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 effective systems for to help ensure the safety of patients, staff and others in the building. These included effective arrangements for infection prevention and control, clinical waste, management of medical emergencies, maintenance and testing of equipment and dental radiography (X-rays), and child and adult safeguarding. The practice had oropharyngeal airways, but did not keep these in the emergency oxygen kits. This had been recommended by their specialist external medical emergencies trainer because staff were not sufficiently trained in their use. It was therefore not clear how staff would be able to manage a patient's airway in the event of a medical emergency.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of patients. Dental care records contained detailed information about the care and treatment each patient received. Staff who were registered with the General Dental Council (GDC) were supported and encouraged to maintain their continuing professional development (CPD) and were meeting the requirements of their professional registration. The practice was equally supportive of non-clinical staff and provided opportunities for them to develop their knowledge and skills. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating children, young people and patients who might lack capacity to make decisions.

Are services caring?

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

We gathered patients' views from 38 completed Care Quality Commission comment cards, saw the results of the practice's own internal patient surveys and spoke with a young person and their parent during the inspection. All the information we gathered was complimentary and provided a very positive view of the service the practice provided. Information from young people, parents and guardians described staff as kind, helpful, sensitive and professional. Practice staff we met showed warmth and empathy when they spoke about patients and their care and we observed a staff dealing with people in a friendly and polite way.

Are services responsive to people's needs?

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

All of the staff we met during the inspection were friendly, welcoming and enthusiastic about their role at the practice. Patients' treatment plans were carefully organised so that they received appointments at the correct intervals throughout their orthodontic treatment. The practice was open 8.45am to 5.30pm Monday, Wednesday and Thursday; 8.45am to 7pm on Tuesday and 8.45am to 5pm on Friday.

The practice had an appropriate process for dealing with complaints and all of the staff were aware of how to deal with any concerns raised by patients or their families.

Are services well-led?

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

Summary of findings

The practice had well organised and structured arrangements for managing and monitoring the quality of the service. This included an experienced, skilled and effective team of service co-ordinators with delegated responsibilities for the day to day running of the practice. All the staff we spoke with were aware of the organisational structure and leadership arrangements.

The practice had comprehensive policies, systems and processes which were available to all staff through the practice's computer system.

There was a supportive culture at the practice and the team were committed to continual learning, development and improvement. The staff team were happy, professional and enthusiastic and felt valued by the provider and leadership team.

Leamington Spa Orthodontics

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 20 August 2015 by a CQC inspector, a dentist specialist advisor and CQC's Deputy Chief Inspector for Primary Medical Services who was 'shadowing' the inspector.

Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the provider, members of the clinical team, non-clinical staff and members of the leadership team. We looked around the premises including the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We viewed the comments made by 38 patients on comment cards provided by CQC before the inspection and spoke with a young person and their parent. We also looked at July 2015 NHS Friends and Family results and an in house survey carried out by the practice during the two weeks before our inspection.

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 had not had any incidents or accidents that they had needed to record as significant events but had a clear process in place to manage any that might happen. The staff we spoke with understood what a significant event was and how to report these.

The process for dealing with significant events included carrying out risk assessments. An example was provided of a member of staff who had an injury which was not work related. This impacted on their ability to continue with their clinical role. The practice completed a risk assessment and in the short term supported them to work in a non-clinical role until they recovered and were able to resume their usual post.

Reliable safety systems and processes (including safeguarding)

All the staff we spoke with had a good understanding of child and adult safeguarding and had received safeguarding training appropriate to their role. The practice had a safeguarding policy for staff to refer to and contact details for the relevant local safeguarding professionals. We saw evidence that the practice arranged a staff meeting dedicated to discussing safeguarding in October 2014. Comprehensive information was available for staff to refer to including a designated safeguarding noticeboard in the staff room. The practice had named safeguarding leads and staff knew who they were. There was a system to alert staff to patients living in circumstances which might make them vulnerable.

Orthodontic treatment is far less invasive than general dentistry and therefore has fewer risks. One risk identified by the practice was of small pieces of wire cut from orthodontic appliances being swallowed or inhaled. To minimise this risk the practice used wire cutters which captured the cut wire so it could be safely disposed on in the sharps boxes. Staff counted wire fragments at the end of a patients' treatment to ensure they were all accounted for. The practice had a protocol for the action staff should take if a patient did swallow or inhale a piece of wire.

Feedback from patients in all the information we reviewed was positive about feeling safe at the practice.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. It had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The practice had oropharyngeal airways, but did not keep these in the emergency oxygen kits. This had been recommended by their specialist external medical emergencies trainer because staff were not sufficiently trained in how to use them. It was therefore not clear how staff would be able to manage a patient's airway in the event of a medical emergency.

The emergency medicines were all in date and stored securely. Staff all knew where these and the emergency oxygen were kept. The expiry dates of medicines and equipment were monitored and recorded to ensure these were in date and available for use when needed. We noted that staff checked the defibrillator battery and oxygen cylinders every day to ensure they were in working order and ready to use if needed.

Staff completed annual life support training which included use of the defibrillator and had two qualified first aiders. The orthodontic therapists completed more in depth medical emergency training.

Staff recruitment

We looked at the staff files for the two most recent employees. We saw that the practice held the required information for each of these staff. This included evidence of conduct in previous health or care related employment and photographic proof of identity. We saw that other staff files also contained the required recruitment information to ensure they were suitable to work with patients whose circumstances meant they might be vulnerable.

The practice obtained current Disclosure and Barring Service (DBS) information for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in

roles where they may have contact with children or adults who may be vulnerable. The practice had arranged for all staff to register on the live DBS website so they could check their up to date DBS status at any time.

We noted that although the actual recruitment records contained all the required information, the practice's recruitment policy did not fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice manager said they would update this straight away.

Monitoring health & safety and responding to risks

The practice used a specialist consultancy company to provide them with health and safety related advice. We saw that the practice had a comprehensive range of health and safety risk assessments to help them provide a safe environment and working practices. These included assessments of substances used for treatment and cleaning in accordance with the control of substances hazardous to health (COSSH) requirements.

The practice had accident books in the main practice and in the education centre. One accident had been recorded during 2015 and we saw that the practice had sought advice from the health and safety consultancy regarding the action they took.

The practice had a fire risk assessment completed by a specialist company who also carried out annual fire safety checks in addition to an annual fire service assessment of the premises. The practice had two designated fire marshals who organised two fire drills each year. We saw evidence that fire safety systems and equipment were checked regularly based on a written schedule specifying the frequency for each check or test.

The practice had a business continuity plan covering a range of situations and emergencies that might affect the daily operation of the practice. The plan was available to all staff.

Infection control

The practice had an infection control policy and a lead nurse for infection prevention and control (IPC). The practice completed three monthly IPC audits in accordance with guidance from the Department of Health. These identified any necessary action to be taken.

Cleaning and sterilisation of instruments and dental equipment was the responsibility of the orthodontic nurses and the practice employed cleaners for general cleaning of the building. The practice had written cleaning schedules for the cleaners to follow and completed cleaning audits twice a year. We saw that treatment rooms, decontamination room, reception and waiting area were visibly clean, tidy and clutter free. Feedback from patients in the CQC comment cards and the July NHS Friends and Family Test results was positive about the standards of cleanliness and hygiene at the practice.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room and the nurses had a rota for undertaking this role each day. An orthodontic nurse showed us the decontamination process including the separation of used and clean instruments to reduce the risk of cross infection. The practice used a variety of appropriate methods to clean instruments before sterilising them.

The practice used a limited range of dental instruments compared with a general dental practice. Cleaned and sterilised instruments were placed on open trays and stored in the treatment rooms. Staff confirmed that the turnover of instruments each day was high and so were always used within one day as described in HTM01-05. Any instruments which were used infrequently were packed in sealed bags and date stamped for a year in accordance with HTM01-05. The practice used disposable single use instruments as much as possible.

We saw the records of the routine tests and checks the nurses completed to check that all of the cleaning and sterilising equipment was working correctly. We also saw records confirming that equipment was maintained to the standards set out in current guidelines.

Are services safe?

The practice had personal protective equipment available for staff and patient use. The treatment rooms all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

Legionella is a bacterium which can contaminate water systems. We saw evidence that the practice had a legionella risk assessment and arranged regular testing of hot and cold water temperatures and the water supply. The practice used a biocide to prevent a build-up of legionella biofilm in the dental waterlines. Staff described how they carried out regular flushing of the water lines in accordance with current guidelines.

The practice had a record of staff member's immunisation status in respect of Rubella and Hepatitis B, a serious illness that is transmitted by bodily fluids including blood. The staff we spoke with understood what to do if they injured themselves with sharp dental instrument.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice did not need to use local anaesthetics or carry out surgical procedures and so had no needles or scalpels to dispose of. The only sharp items they needed to dispose of safely were wires from orthodontic appliances and we saw that they used suitable sharps containers for these. The practice used an appropriate contractor to remove dental waste and we saw the necessary waste consignment notices.

Equipment and medicines

We looked at the maintenance schedules for the equipment used in the practice. This showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate engineers.

Apart from medicines for medical emergencies the practice had no medicines in the building and did not have prescriptions.

Radiography (X-rays)

We were shown records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).The records included the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor along with the necessary documentation relating to the maintenance of the X-ray equipment. The maintenance logs were within the current recommended interval of 3 years. All X-rays taken in the practice were graded and audited monthly.

We confirmed that the orthodontist, orthodontic therapists and most of the orthodontic nurses had completed required radiography training and were within the recommended five year renewal period. Other nurses had completed radiography courses for their CPD.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice specialised in orthodontics and carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines.

The orthodontist and orthodontic therapists described how they assessed patients' treatment needs. This was a careful process of discussion and assessment to establish the most appropriate and effective option for the patient. We looked at a sample of dental treatment records which provided evidence of detailed treatment plans and records of the adjustments to patients' orthodontic appliances throughout the course of their treatment. The practice took X-rays to provide the orthodontist with information they required to carry out a full assessment before starting treatment. We saw that they audited these to monitor quality and that they were used appropriately. This information was recorded in patients' clinical notes. Clinical staff held a meeting four times a year to discuss and review patients' treatments.

The practice always obtained a complete medical history from patients (or their parents or guardians) which could be filled in on a secure area of the practice website. If clinical staff had any concerns about a patients' general dental care needs or oral health they discussed this with the patient and with the orthodontist and referred these back to the patient's general dental practitioner.

We saw numerous 'before and after' photographs at the practice showing the positive outcomes of patients' treatments. We met a young person who had their orthodontic appliance removed on the day we were at the practice. They and their parent were delighted with the outcome. We received comments from 38 people (young people, parents and guardians) who had filled in CQC comment cards. Many people had taken the time to write detailed comments about their high levels of satisfaction with the service. One parent described having happy children with beautiful straight teeth they could be proud of and another described the outcome for their child as amazing. None of the cards contained any negative comments about the care and treatment provided.

Health promotion & prevention

Educating patients about the importance of effective oral hygiene (including dietary advice) was an important part of the care provided to patients. This was discussed with patients (and with their parent or guardian) before, throughout and after their orthodontic treatment. If patients were struggling to manage this effectively they were seen by the practice's hygienist or by one of the orthodontic nurses who were trained in oral health education. If necessary the practice also referred patients back to their general dental practitioner. We saw examples of information sheets the practice gave to patients to support them through their treatment

Patients who smoked were advised to speak with their GP or general dental practice about support to stop. The practice website provided extensive information about diet and oral hygiene.

Staffing

The practice had a large team which used staff in a range of roles to provide a wide and effective skill mix. Clinical leadership was provided by the director of the company who was also the registered manager and clinical lead. They were an orthodontic specialist with roles in dental education outside the practice including as an Associate Professor at Warwick Medical School where they led the post-graduate dental programmes. The practice was also involved in an associated business delivering dental and orthodontic training and qualifications accredited by Dental Team Qualifications and the Institute of Leadership and Management.

The clinical team consisted of orthodontic therapists, hygienists and dental nurses. The practice had a buddy system for all staff. When any member of staff was away their buddy was responsible for updating them when they returned. This included letting them know about discussions in staff meetings.

Education was central to the practice's ethos and was a consistent theme in all of our conversations with staff. Clinical and non-clinical staff were all supported and encouraged to develop their knowledge and skills. For example most non-clinical staff had completed level three Institute of Leadership and Management courses and level two customer service qualifications. Several members of

Are services effective?

(for example, treatment is effective)

the team told us they were keen to complete higher level qualifications in the future. Staff had access to an e-learning site which enabled them to complete on-line courses at the practice and at home.

The clinical team completed appropriate training to maintain their continued professional development (CPD) required for their registration with the General Dental Council some of which was completed at the practice. Clinical staff also attended CPD courses at the University of Warwick Deanery. Staff told us that the provider was open to any suggestions for staff training which would benefit their practice; for example one of the orthodontic nurses was due to attend a course about autism. They had asked to do this because they had an interest in this and because the practice had some patients with autism. The practice also organised regular 'lunch and learn' sessions for staff when a wide range of topics were discussed.

Staff told us they had appraisals twice a year. They told us this was a supporting and helpful process which enabled them to focus on developing their professional abilities.

The individual staff records contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. The co-ordinator responsible for this had a system to ensure the practice had up to date information which was checked every year.

Working with other services

The practice received referrals from general dental practices. They had a clear system for acknowledging these and making contact with patients to arrange initial appointments. All referrals were assessed and prioritised based on information provided by a patient's general dental practice. If limited information was provided the practice emailed the referring dentist to request further information. The practice made referrals to secondary care for patients with more complex needs.

The practice had a specialist 3D imaging X-ray machine and accepted referrals from other dental practices to take X-rays for patients.

The practice was planning an education meeting for general dental practitioners aimed at developing knowledge and awareness of developments in orthodontic practice to support timely referrals.

Consent to care and treatment

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating young people and patients who might lack capacity to make decisions. The practice had a clear procedure for making sure they had the correct information about the parent or guardian who was legally able to give consent for a child to receive treatment. The clinical team understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw evidence that clinical staff explained their treatment options to children so they understood the commitment they needed to make for their treatment to be a success. Staff told us that if a child or young person did not want orthodontic treatment the practice would not proceed. They stressed how important it was for a child to be psychologically prepared and able to proceed with orthodontic treatment. We saw written consent forms which contained space for the child or young person to sign as well as their parent or guardian.

The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice team told us they rarely had adult patients where this would need to be considered but were aware of the legislation.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 38 cards which had been filled in by young people or their parents or guardians. These provided a very positive picture of the service the practice provided. The comment cards described the staff team as kind, sensitive, friendly and caring. These positive views were echoed in the results of a patient survey the practice had carried out in the two weeks before our inspection. Nine out of the 10 patients who completed this survey said they always felt treated as an individual and one said this was the case most of the time.

The practice had started to use the NHS Friends and Family test to gather patients' views. The results for July 2015 included the views of 54 patients. The comments made by those people were also complimentary about the practice and 42 had said they were extremely likely to recommend the practice and 12 said they were likely to.

Reception staff were aware of the importance of confidentiality and told us they spoke with patients in the consultation room if they wanted more privacy. We saw that the way the reception area was organised meant that patients could not see patient records or computer screens. The waiting room was separate from reception which also helped maintain privacy for patients at the reception desk. Staff told us that in the future the provider planned to create a separate area for telephone calls to improve privacy further.

Staff told us that confidentiality and information governance were topics covered during their training and at staff meetings.

During the inspection we observed that staff were polite and friendly towards patients and their families. We observed a specific telephone call when a receptionist was particularly helpful, sensitive and compassionate in their approach. We also learned of a situation at the practice that day when staff had adjusted the arrangements for a patient's appointment because they were very distressed and anxious.

Involvement in decisions about care and treatment

Orthodontic treatment requires significant commitment from patients for it to be a success and the practice placed great importance on ensuring patients were fully aware of all aspects of their treatment before this commenced. The practice had a consultation room where clinical staff spoke with patients away from the clinical environment of the treatment room so they could discuss the process and answer questions. This room had a television and albums of photographs which staff used to show patients dvds to illustrate aspects of their treatment.

The practice had two designated treatment co-ordinators who together with all dental and orthodontic nurses took a role in educating patients not only about what their treatment involved but also the role they would need to play in maintaining excellent oral hygiene.

The practice routinely provided a four week window between an initial consultation and obtaining consent to start to give patients chance to think this over. We saw evidence of detailed written treatment plans in patients' notes showing that the clinicians and provided detailed explanations of their options. In the case of private patients we saw that the practice also provided information about the costs involved.

In the practice's August patient survey five patients said they always felt involved in their care and treatment, four said this was usually the case and one said they had never thought about it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The majority of patients seen by the practice were children and young people referred by their general dental practice. They had a contract with NHS England to provide orthodontic treatment for children and young people up to the age of 18 (or 19 if in full time education). This included provision of retainers. Replacement retainers were available on the NHS at a standard NHS fee. The practice prioritised appointments based on information provided by the referring dentist. The practice aimed to see patients no later than 10 months after referral but sooner if this was indicated as necessary. For example, during the inspection an appointment was arranged for a patient within two weeks because of the specific circumstances.

The practice also provided private orthodontic treatment for adults and children. Information was available at the practice and on their website about the options for this and the costs involved.

The length of appointments and the frequency of visits for each patient was based upon their individual treatment plan. Longer appointments were arranged for patients who needed more time for information to be explained to them. The majority of appointments were scheduled weeks ahead in line with patients' treatment plans; however, if a patient was experiencing problems with their orthodontic appliance they were always fitted in to be seen on the same day.

The practice website provided extensive information about how care and treatment at the practice was assessed, planned and carried out.

Tackling inequity and promoting equality

Most of the orthodontic treatment for children and young people was provided under the NHS. Private orthodontic treatment was provided for adults and children and the practice offered a variety of payment options to help patients manage the costs. Clear, costed treatment plans were provided before treatment started so that patients could take this into account when they decided whether to proceed.

The practice had access to interpreter services for patients who needed information provided in languages other than English. Practice staff told us they rarely needed to use this.

The practice building was in a five story converted house in the city centre and was a listed building. The reception, waiting room, accessible toilet and one treatment room were on the ground floor. Other rooms used for patients were on the first and second floors. There were steps into the building from the pavement at the front of the building. The practice had provided a ramp to the rear entrance to provide access for patients with restricted mobility and those using a wheelchair. The accessible toilet was very spacious and well equipped with grab rails.

In a patient survey carried out by the practice in the two weeks before our inspection all 10 patients who responded said they were treated fairly and equally at the practice.

Access to the service

The practice was open 8.45am to 5.30pm Monday, Wednesday and Thursday, 8.45am to 7pm on Tuesday and 8.45am to 5pm on Friday. Information in CQC comment cards confirmed that appointments were convenient and easy to arrange.

The practice website provided patients with a secure facility to check and cancel appointments online, complete medical history questionnaires and ask the practice questions about their treatment.

The practice had allocated appointments each day for patients experiencing problems or pain related to their orthodontic treatment. If patients were experiencing general dental problems staff advised them to contact their general dental practice if this was more appropriate for their needs. The practice provided information about the emergency out of hours dental service which could be accessed through NHS111.

Concerns & complaints

The practice had a complaints policy which contained the contact details for NHS England if a person was not satisfied with how the practice dealt with their complaint. The procedure was supported by structured templates to provide comprehensive records of any complaint. All the staff we spoke with were aware of the complaints procedure and could describe what they were expected to do if someone made a complaint. The practice had received only two complaints in four years. The first of these was in 2011 and was referred to the General Medical Council who found that the complaint was unfounded. The other complaint was dealt with appropriately at the

Are services responsive to people's needs?

(for example, to feedback?)

practice. We saw evidence that the issue involved had been openly discussed with staff and used to develop and improve the service. We considered that this was a positive example of dealing with and learning from a complaint.

Are services well-led?

Our findings

Governance arrangements

The practice had well organised and structured arrangements for managing and monitoring the quality of the service. This included an experienced, skilled and effective team of service co-ordinators with delegated responsibilities for the day to day running of the practice. All the staff we spoke with were aware of the organisational structure and leadership arrangements.

The practice had comprehensive policies, systems and processes which were available to all staff through the practice's computer system. One of the co-ordinators was working on developing, and extending this system.

The practice held monthly staff meetings and we saw records of recent meetings which showed the wide range of clinical and non-clinical topics that had been discussed. Discussions included reviews of complaints and significant events if any had occurred. The clinical team met every three months to discuss and review specific patients' care and treatment. Twice a day the staff team held a 'huddle' to share and discuss any relevant information that they all needed to know. The practice operated a buddy system so when staff were away and missed any meetings their buddy could bring them up to date on their return.

The practice made sure staff maintained their awareness of their legal responsibilities by discussing the roles of the General Dental Council (GCD) and CQC in the regulation of dental registrants and practices. One of the co-ordinators had facilitated a practice learning session focussed on this. Members of the team had then volunteered to facilitate a series of workshops during 2015 and 2016 on relevant topics including the new legal requirement relating to Duty of candour. Information about how dental practices are regulated was also available for patients on the practice website.

Leadership, openness and transparency

Throughout the inspection it was clear that the staff team was happy and felt appreciated and well supported. The practice had a leadership team of service co-ordinators with designated roles and responsibilities. The practice had found this a more effective model than having one practice manager. The staff we spoke with made it clear that the provider and the team of co-ordinators were very approachable and available to staff. A member of the leadership team told us the culture at the practice encouraged staff to identify their skills and gave them confidence in their abilities. They and other staff described their pleasure in coming to work and the mutual support provided so that none of them ever felt isolated.

Staff told us that they all got on well and regularly met socially. They told us the provider funded annual staff away days when they took part in various activities including days out at theme parks or at adventure centres for team building days.

Management lead through learning and improvement

The practice had a clear vision which was focused on providing high quality patient care. The practice viewed education, learning and development as the mainstay of achieving this and was focussed on educating patients as well as staff. The provider was an orthodontic specialist and educator and the practice was approved as an outreach training centre by the University of Warwick, the General Dental Council and the National Examining Board for Dental Nurses. The provided had completed a PhD based on the impact of educating staff teams on patient experience and outcomes. Many of the staff we spoke with explained how this work had involved and benefitted the whole team.

During the inspection we met or heard about a number of staff who had been supported to train and develop while working at the practice. This had enabled them to take on additional responsibilities and provided career development. For example, staff had progressed from reception to practice co-ordinator roles or from dental nurse to orthodontic nurse to orthodontic therapist. Reception staff had attended sessions for their Institute of Leadership and Management qualification at weekends for eight months unpaid showing their commitment to the practice and to their individual professional development. The practice was working with the General Dental Council to develop a dental nurse training course.

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

Staff told us they felt listened to by the provider and leadership team and were encouraged and supported to

Are services well-led?

express their views and ideas for improving the service. They described a receptive culture where suggestions were readily taken on board and problems were solved in a constructive way.

The practice had started to use the NHS Friends and Family test to gather patients' views. The July 2015 results for the practice included the views of 54 patients and were positive. The practice also carried out their own patient survey in August 2015 the results of which were also positive.

There were only two negative comments in 37 CQC comment cards and 54 NHS Friends and Family Test responses. Both of these related to appointments sometimes running late but were balanced against overall positive views about the practice.