E & G Ortho Limited

Epsom Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Epsom Orthodontics is a specialist dental practice providing orthodontic treatment to children and adults mainly on a referral basis (Orthodontics is a specialist service of dentistry concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teethand their function). Orthodontic treatment is provided under NHS regulations for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment. The practice is situated in a converted listed building. The practice has a suite of six treatment cubicals and a separate decontamination room for cleaning, sterilising and packing dental instruments on the first floor of the building with a reception and waiting area on the ground floor. The first floor treatment area can be accessed by a lift for those patients and their carers who have mobility problems. Adjacent to the treatment area are two 'safe haven rooms which are used for discussing treatment with patients prior to the commencement of treatment. These rooms can also be used by patients and staff to discuss matter of a rather sensitive nature therefore protecting the dignity and confidentiality of the patient.

The practice opening hours are 8.30am - 5.00pm**Monday to Thursday and Fridays 8.30am – 12.30pm.** The

Summary of findings

practice has five dentists providing orthodontic care and are supported by four orthodontic therapists, six dental nurses, a practice manager, a treatment co-ordinator and two administrative staff and two receptionists.

The practice manager is the registered manager. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 11 patients. These provided a completely positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- We found that the practice ethos was to provide patient centred quality orthodontic care.
- Strong and effective clinical leadership was provided by the provider who was supported by an empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff understood how to report incidents and keep records for shared learning.
- The orthodontists provided care in accordance with current professional guidelines.
- The practice had fully embraced the concept of skill mix to assist in the delivery of effective orthodontic care to patients.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the management team.
- Staff we spoke with felt well supported by the management team and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

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 robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

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

The orthodontic care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

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

We collected 11 completed Care Quality Commission patient comment cards. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and the orthodontists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice had a system in place to schedule enough time to assess and meet patients' needs. Patients were booked for longer appointments depending on their needs. Staff told us they treated everybody equally and where patients required additional assistance the practice would work together to assist patients.

The practice followed their complaints policy and procedures. Patients were informed about how to make a complaint. The practice acted with candour and apologised when things had not gone well.

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

The provider, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice owner and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Epsom 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 took place on 22 June 2016 was led by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with specialist dentists, the practice manager, dental nurses and reception staff and reviewed policies, procedures and other documents. We reviewed 11 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice manager demonstrated a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no incidents during 2016 that required investigation. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). We saw evidence that a recent alert from June 2016 pertaining to anticoagulant drug therapy had been stored in the separate safety alert file. Where relevant these incidents were sent to all members of staff by the practice manager. The practice manager explained that relevant alerts would also be discussed during staff meetings to facilitate shared learning these meetings occurred every month.

Reliable safety systems and processes (including safeguarding)

We spoke to a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. Due to the nature of the treatment provided by the practice, local anaesthetic was used infrequently by the clinicians. When it was used the practice operated a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The orthodontists were responsible for ensuring safe recapping using a special rubber needle guard. Orthodontists and orthodontic therapists were responsible for the disposal of wires and other sharps used in orthodontic treatment. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The Clinical Director, a senior dentist at this location, acted as the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the treatment area that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Staff recruitment

All of the orthodontists, orthodontic therapists and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body.The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. We saw checks included proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. Staff recruitment records were stored securely to protect the confidentiality of staff personal information.We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are 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.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw that the practice maintained a comprehensive system of policies and risk assessments and included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. All of these policies were regularly updated. The practice had in place a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

We saw that the practice treated the risk of fire very seriously due to the listed nature of the building. The practice manager was responsible for fire safety and acted as the fire warden for the building. We saw detailed fire risk

assessments and that these fully mitigated the risks against fire. The practice had appropriate signage and floor plans on display and the fire extinguishers were maintained on a regular basis. An external agency provided fire protection equipment servicing. We saw that staff had undertaken fire drills on a six monthly basis.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place a robust infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being exceeded. It was observed that audit of infection control processes carried out in April 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the treatment cubicles and adjacent areas, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment cubicles. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of a treatment cubical together with other areas adjacent to these were inspected and these were clean, ordered and free from clutter. Each treatment cubical had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment cubical environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person. The recommended procedures contained in the report were carried out and logged appropriately. We saw evidence of annual water quality testing by the company that had carried out the Legionella risk assessment. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room between the two rows of treatment cubicles where sterilisation and packaging of processed instruments took place. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process were working effectively. It was observed that the log sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded on appropriate log sheets.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Waste consignment notices were available for inspection. Environment cleaning was carried out by an external cleaning company according to cleaning plans developed by the practice. These cleaning plans were available for inspection which were completed by the company each day.

Are services safe?

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the two autoclaves had been serviced and calibrated in February 2016. The practices' X-ray machine had been serviced and calibrated as specified under current national regulations in October 2015. Portable appliance testing (PAT) had been carried out every two years; the last test was completed in October 2014. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid spillage.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination pack for the X-ray set along with the annual and three yearly maintenance logs and a copy of the local rules.

The file included a copy of the radiological audits which were carried out on an annual basis. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three dentists trained in orthodontics about the care provided at the practice; they carried out consultations, assessments and treatment in line with recognised general professional guidelines and the guidance provided by the British Orthodontic Society. They each described to us how they carried out their assessment of patients for a course of orthodontic treatment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by a detailed examination of the patients jaw and tooth relationships and the factors that affected these relationships. Following the clinical assessment the diagnosis was then discussed with the patient their parents, guardians or carers and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome of orthodontic treatment for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products specifically designed for orthodontic patients. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved if private orthodontic treatment had been proposed. Patients were monitored through follow-up appointments and these typically lasted between eighteen months to two years for a course of orthodontic treatment.

The practice used orthodontic therapists to improve the outcomes for patients (Orthodontic therapists are registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist). They worked within their scope of practice to prescriptions provided by the orthodontist. We saw several examples of detailed treatment plans provided by the orthodontist which the therapist followed to complete each patient's treatment plan. Dental care records that were shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

To monitor the quality of the orthodontic treatment provided the practice used a system known as peer assessment rating or PAR scoring. The PAR index is a fast, simple and robust way of assessing the standard of orthodontic treatment that an individual provider is achieving. The orthodontist explained that the practice was achieving a high level of improved outcomes for patients when judged by an independent scoring assessor.

Health promotion & prevention

The practice was highly focussed on the prevention of dental disease and the maintenance of good oral health during the patients' course of orthodontic treatment. To facilitate this aim the practice used a number of strategies. For example, following the first treatment session a team of staff including extended duty dental nurses would provide intensive oral hygiene instruction and details on how to look after the orthodontic braces to prevent problems during the course of orthodontic treatment. Patients would then be given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. Reception staff explained to us the practice sold cleaning packs for patients after they had had their braces fitted. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces.

Other preventative interventions included the application of fluoride varnish to teeth twice yearly to help prevent dental decay during the course of orthodontic treatment. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Underpinning these guidelines was a range of leaflets explaining how patients could maintain good oral health during their orthodontic treatment.

Staffing

The practice has five dentists providing orthodontic care and they were supported by four orthodontic therapists, six dental nurses, a practice manager, a treatment co-ordinator, two administrative staff and two receptionists. We observed a friendly and professional atmosphere at the practice. The staff appeared to be a very effective and cohesive team; they told us they felt

Are services effective?

(for example, treatment is effective)

supported by the provider, practice manager and the clinical director at the location. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

In addition to the use of orthodontic therapists, the practice encouraged the development of the extended duty dental nurse role (EDDN). For example, we found that dental nurses had received additional training in the taking of dental X-rays, specialist orthodontic nursing, impression taking, dental photography, the making of orthodontic retainers, preparing orthodontic study models and oral health education. We confirmed that the dental nurses received an annual appraisal and had personal development plans. These appraisals were carried out by the practice manager.

The practice manager showed us their system for recording training that staff had completed. Examples of training completed included: basic life support, radiography (X-rays), safeguarding and infection control.

Working with other services

The practice was a specialist referral practice for orthodontics for practices across the Epsom area. Referring practices were required to complete a bespoke referral form developed by NHS commissioners for NHS patients to access services. One orthodontist we spoke with explained how they would work with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patients orthodontic treatment.

Consent to care and treatment

We spoke with the clinical director about how they implemented the principles of informed consent; they had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs where appropriate were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. This included the extensive use of dental photography which was used as part of the initial patient assessment and throughout the course of the orthodontic treatment to provide a record of the progression of the treatment through to the final treatment outcome. The other orthodontists we spoke with confirmed that they adopted the same approach.

The orthodontists we spoke with were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16 years old. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. They went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The six treatment cubicles, three on each side of the clinic, were specifically designed to ensure that the conversations between patients and staff could not be heard by other patients receiving treatment which protected patient's privacy. The practice owner had incorporated glass dividing walls between each dental chair unit which facilitated privacy, confidentiality and dignity for patients. We noted that patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinet in the reception area. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. The waiting area was located away from the reception desk so patients had privacy when discussing payments and treatments at the desk. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 11 completed CQC patient comment cards. All comments provided a positive view of the service and patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was calm, welcoming and friendly.

Involvement in decisions about care and treatment

The orthodontists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard orthodontic NHS treatment planning forms where applicable. To facilitate patient involvement in the decision making process the practice engaged the use of a 'treatment co-ordinator' who had a dental nursing background. Following the initial consultation and assessment with the clinician patients were then given the opportunity to discuss the treatment plan with the co-ordinator to ensure that the patient fully understood the proposed treatment. This meeting offered the patient a further opportunity to ask questions and clarify any issue prior to the commencement of the course of treatment. These meetings took place in a separate confidential room adjacent to the treatment area on the first floor. Patients were given sufficient time to consider their options before treatment commenced.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a wide variety of information including the list of dentists in the practice with their profiles and pictures, the out of hours telephone number and information on how to make a complaint. The practice website also contained lots of useful information to patients such as details about different types of orthodontic treatments and how to provide feedback on the services provided. We observed that the appointment diaries were well organised and not overbooked. There was capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The orthodontists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Staff told us there was good capacity at the practice and they did not have a waiting list for patients to attend an initial consultation appointment. The practice had a process in place for simple cases to be seen for treatment from six to eight weeks after the initial consultation.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not need a translation service for languages because they did not have many patients that attended the practice where they could not speak or understand English. The provider told us if there was a need for this they would use a telephone translation line.

We asked staff how they would support patients, for example that had mental health problems, learning difficulties or mobility problems. Staff told us they were confident they could communicate with patients using visual aids where appropriate. One member of staff told us about a scenario that involved a patient that suffered from depression and anxiety and was very nervous about being around other people. The practice had accommodated the patient by booking the patient in at the end of the day and did not book any other patients at that time. They told us as soon as the patient arrived they were taken into the treatment cubical to be treated straight away. They had accommodated the patients' needs and turned down lights as requested to make it a more comfortable setting for the patient.

The practice had level access to the reception area and waiting area and a lift going up to the treatment area. During the inspection we saw a mother with a double buggy pram had enough space to manoeuvre and was able to use the lift to go up to the treatment area. There were toilets with disabled facilities that included an alert lever and hand rails. The treatment rooms were wide and accessible for wheelchair use.

Staff told us all patients had notes in the dental care records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice opening hours are 8.30am - 5.00pm**Monday to Thursday and Fridays 8.30am – 12.30pm.**

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns.

The practice used their own emergency number to give advice in case of a dental or orthodontic emergency when the practice was closed. This information was publicised in the practice information leaflet, practice website, on the outside of the practice and on the telephone answering machine when the practice was closed.

The feedback we received via comments cards confirmed that patients had good access to the dentists in the event of needing emergency treatment.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. The practice manager explained the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found

Are services responsive to people's needs?

(for example, to feedback?)

there was an effective system in place which ensured a timely response. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and patient website.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained and files were kept that were regularly reviewed and updated. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

Leadership, openness and transparency

The practice ethos focussed on providing patient centred quality orthodontic care in a relaxed and friendly environment. The CQC comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the provider. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. We found that staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurses and receptionists received an annual appraisal; these appraisals were carried out by the practice manager. We found there were a number of clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. The audits demonstrated a comprehensive process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The clinical director told us that the practice ethos was that all staff should receive appropriate training and development. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and dental radiography (X-rays).

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

The practice welcomed feedback from patients through a feedback box located in the waiting area. The practice manager told us they did not receive many comments this way. However the practice were active with seeking views through patient satisfaction questionnaires. They told us they had a programme in place where they sent forms out to a random list of 100 patients on a yearly basis. The feedback they received was very positive. They told us there had been no complaints. We noted a number of 'thank you' cards displayed on a notice board from patients thanking the staff for care and treatment they had received. This was in line with the comments we received through the CQC comment cards.