

Orthodontics For You (Bromsgrove) Limited

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Inspection Report

15 Churchfields
Bromsgrove
Worcestershire
B61 8DS

Tel: 01527 575969

Website: www.orthodonticsforyou.co.uk

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Overall summary

We carried out this announced inspection on 14 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Orthodontics For You (Bromsgrove) Limited is in Bromsgrove and provides NHS and private orthodontic treatment to adults and children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the

Summary of findings

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.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including several for blue badge holders, are available near the practice.

The dental team includes two dentists who are both specialist orthodontists, an orthodontic therapist who is also a qualified dental hygienist, three dental nurses, two receptionists, a treatment co-ordinator, a nurse manager and a practice manager. The practice has two treatment rooms. The provider also owns a practice in Solihull and the management team and principal dentist split their hours between both practices.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Orthodontics For You (Bromsgrove) Limited is the principal dentist.

On the day of inspection, we collected 26 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one orthodontic therapist, one receptionist, the nurse manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday from 8.30am to 5.30pm.

Wednesday from 8.30am to 5.30pm.

Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

Our key findings were:

- Effective leadership was provided by the principal dentist and an empowered management team.

- Staff we spoke with felt well supported by the principal dentist, nurse manager and practice manager. They were committed to providing a professional, friendly and high-quality service to their patients.
- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. There was scope to strengthen the recording and monitoring of patient safety alerts.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Several team members including the safeguarding lead were trained to level three in safeguarding.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health. They routinely referred patients to their dental hygienist and orthodontic therapist through a clear care pathway.
- The appointment system took account of patients' needs. The practice offered extended hours appointments opening early Monday to Friday from 8.30am.
- The provider had effective leadership and culture of continuous improvement. In-house training in basic life support and online core training were provided by the principal dentist.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Information from 26 completed Care Quality Commission (CQC) comment cards gave us an extremely positive picture of a professional, friendly, caring and high-quality service.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

Summary of findings

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 by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. There was scope to strengthen the recording and monitoring of patient safety alerts.

The practice used learning from incidents and complaints to help them improve. They took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Several team members including the safeguarding lead were trained to level three in safeguarding.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as the right care given at the right time, faultless and fantastic. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The orthodontic care provided was evidence based and focused 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. Oral hygiene education was prescriptive and could include tooth brushing techniques and dietary advice using models, visual displays and following the 'tell, show, do' technique to enhance patients' understanding.

The practice was committed to providing extensive preventative oral hygiene advice and support to patients. They routinely referred patients to their dental hygienist and orthodontic therapist through a clear care pathway.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An online referral system was used to monitor and track outgoing referrals.

No action



Summary of findings

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this. One of the dental nurses carried out treatment care coordinator duties and supported patients throughout the course of their treatment. The dental nurses had extended duties which included radiography, impression taking, orthodontic nursing and oral hygiene instruction to enhance patient support.

Quarterly training days were held between both practices to facilitate in-house training in basic life support and topics such as infection control, autism awareness and mental capacity act training. The principal dentist funded online training for all staff and the nurse manager monitored this.

The staff were involved in quality improvement initiatives such as a good practice certification as part of its approach in providing high quality care.

Are services caring?

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

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very professional, reassuring and friendly.

Patients said that the team was great at explaining procedures and said their dentist listened to them. One young patient commented that staff were very helpful and told them everything about what was happening with their treatment. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Many patients told us that they were very happy with the care and treatment received and that they would highly recommend this practice.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. We observed all team members supporting patients in a friendly, helpful and caring manner.

No action



Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. The practice offered extended hours appointments opening early Monday to Friday from 8.30am.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice demonstrated a commitment to improving people's access to orthodontic care and improving oral health for people living with autism. All staff had attended autism awareness training to learn how they could better support these patients. Improvements implemented as a

No action



Summary of findings

result, included ensuring that patients were always seen by the same clinician and nurse and longer appointments were made at a quieter time to suit the patient. In addition to this the dental hygienist supported patients to clean in and around their appliances at regular intervals if they needed additional support and encouragement.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the reception area, in the patient information leaflet and on their website.

Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered management team. The practice team shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist, nurse manager 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.

The principal dentist was a member of the local dental committee (LDC) which was a locally constituted and NHS recognised group of democratically elected NHS dentists and dental service providers, tasked with the representation of their peers in the negotiation and planning of locally commissioned NHS primary care dental services. In addition to this, the principal dentist had supported the development of the orthodontic guidelines for the British Orthodontic Society.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure which was displayed in the manager's office and staff told us they felt supported and appreciated.

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

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

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

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

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

The practice also had a system and supporting policy to identify adults that were in other vulnerable situations. For example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy however we noted that this did not include all external organisations' details that staff could report concerns to. The policy was immediately updated to rectify this. Staff felt confident they could raise concerns without fear of recrimination.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

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

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. On the day of our visit the principal dentist was unable to locate the gas safety certificate which had been completed in February 2019, but this was sent to us to review the following day.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We found that the weekly fire exit checks had not been recorded since January 2019, we were advised that this would be rectified and discussed with staff.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The practice used digital X-rays fitted with rectangular collimators which reduced the dose of radiation to patients.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The latest audit completed in December 2018 required no actions to be completed.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. Several of the dental nurses had been supported to complete radiography qualifications.

Risks to patients

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

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

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

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted that one staff member had received the vaccine, however there were no results available to show whether the staff member was immune to the virus. A copy of the staff member's immunity status was sent to us the following day showing that they were immune.

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

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

A dental nurse worked with the dentists and the dental hygienist/orthodontic therapist when they treated patients in line with GDC Standards for the Dental Team.

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

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

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

There was a dedicated decontamination room which served both dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in April 2018. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. The latest audit completed in February 2019 showed the practice had scored 100% and was meeting the required standards.

Information to deliver safe care and treatment

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Are services safe?

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been two safety incidents recorded. The incidents had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Alerts were sent to a practice email address overseen by the practice manager and nurse manager. We were informed that the managers passed these onto the principal dentist who took action if any alerts were relevant to the dental setting. They recalled the details of some alerts that had been issued. A log had not been maintained of alerts to show that they had been checked and any action taken as necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice was a referral clinic for orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment was provided under NHS referral for children, except when the problem fell below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who required orthodontic treatment.

The dentists provided orthodontic treatment and assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society. We saw several examples of detailed orthodontic treatment plans. Dental care records 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.

The practice had access to digital cameras to record before and after photos of treatment to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists, dental hygienist and nurses gave oral hygiene education which included tooth brushing techniques and dietary advice using models, visual displays and following the 'tell, show, do' technique to enhance patient understanding.

The dentists provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. 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.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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.

Are services effective?

(for example, treatment is effective)

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. One of the dental nurses carried out treatment care coordinator duties and supported patients throughout the course of their treatment. The dental nurses had extended duties which included radiography, impression taking, orthodontic nursing and oral hygiene instruction to enhance patient support.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Quarterly training days were held between both practices to facilitate in-house training in basic life support and topics such as infection control, autism awareness and mental capacity act training. The principal dentist funded online training for all staff and the nurse manager monitored this.

Co-ordinating care and treatment

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

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

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

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

The practice monitored all referrals through an online referral system to make sure they were dealt with promptly.

The practice was a specialist referral practice for orthodontics across the Bromsgrove area. Practices referring patients for NHS treatment were required to complete a referral form to enable patients to access services. The practice monitored referrals and ensured the clinicians were aware of all incoming referrals on a daily basis.

The dentists worked with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic

treatment.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were very professional, reassuring and friendly.

They said that the team were great at explaining procedures and said their dentist listened to them. One young patient commented that the team were very helpful and told them everything about what was happening with their treatment. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Many patients told us that they were very happy with the care and treatment received and that they would highly recommend this practice.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. The patient information folder displayed a notice advising patients that a private room was available should they require it. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Large print documents and braille could be made available upon patient request.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, videos, models, X-ray images and the 'Tell, show, do' technique. A treatment care coordinator supported patients throughout the course of their treatment and held consultations in a non-clinical, informal setting to explain treatment options available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

The practice demonstrated a commitment to improving people's access to orthodontic care and improving oral health for people living with autism. The principal dentist had identified that they treated several patients on differing levels of the autistic spectrum. All staff had attended autism awareness training to learn how they could better support these patients. Improvements included ensuring that patients were always seen by the same clinician and nurse and longer appointments were made at a quieter time to suit the patient. In addition to this the dental hygienist supported patients to clean in and around their appliances at regular intervals if they needed additional support and encouragement.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the practice manager advised that longer appointments were routinely scheduled for a patient with complex medical conditions to ensure that they were not rushed.

The practice had made reasonable adjustments for patients with disabilities. These included access into the building using a portable ramp, a hearing loop, a magnifying sheet and an accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

All patients that had opted to receive appointment reminders by text message were sent these two days before their appointment.

Timely access to services

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

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website. The practice offered extended hours appointments opening early Monday to Friday from 8.30am.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice was committed to seeing patients experiencing discomfort or problems with their braces on the same day. The practice information leaflet, website, signage on the outside of the practice and the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

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

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past two years. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Strong and effective leadership was provided by the principal dentist and an empowered management team. The practice team shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist, nurse manager 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.

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. The principal dentist was a member of the local dental committee (LDC) which was a locally constituted and NHS recognised group of democratically elected NHS dentists and dental service providers, tasked with the representation of their peers in the negotiation and planning of locally commissioned NHS primary care dental services. In addition to this the principal dentist had supported the development of the orthodontic guidelines for the British Orthodontic Society.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy if applicable

There was a clear vision and set of values. The practice mission statement was to continually evolve as professionals to provide a high-quality service to all patients. The principal dentist placed emphasis on building a team of professional, highly educated, honest, compassionate and committed staff.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

We saw the provider took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. A copy of the management structure was on display throughout the building to ensure staff knew who they needed to report to and were aware of designated responsibilities within the team.

The principal dentist supported by the nurse manager had overall responsibility for the management and clinical leadership of the practice. The practice manager and nurse manager were responsible for the day to day running of the service.

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

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

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

Practice meetings, nurse meetings and administration meetings were held every month to ensure staff were kept up to date and shared learning. In addition to this, the practice manager and nurse manager arranged quarterly staff training days.

Engagement with patients, the public, staff and external partners

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

The practice used patient surveys and verbal comments to obtain patients' views about the service.

Recent patient survey results from March to April 2019 were very positive. The results showed that of the 15 respondents, 100% were satisfied with the cleanliness of the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from April 2019 showed 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

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

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

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.