

Mr. Richard Skeggs

Nottingham Orthodontic Centre - Richard Skeggs

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 November 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.

Background

Nottingham Orthodontic Centre was registered with the Care Quality Commission (CQC) on 26 May 2011. The practice is registered to provide regulated dental services to patients in Nottingham and the surrounding areas. The practice provides both NHS and private orthodontic dental treatment, with approximately 95% being NHS patients.

Orthodontics is a dental speciality dealing primarily with the diagnosis, prevention and correction of teeth that are wrongly positioned, and the jaws.

The practice is open:

Monday to Friday: From 8:30 am to 3:30 pm;

The practice has two orthodontic specialists; one dentist with practice limited to orthodontics; one orthodontic therapist; and four dental nurses. The orthodontic therapist is also the practice manager; there is one specific receptionist.

We received feedback from 42 patients about the services provided. The feedback was all positive, with many patients talking about the professionalism of the staff, and how well treatment was explained. Patients also spoke about being treated with dignity and respect, and some who had been receiving treatment for a while talked positively about the results of that treatment.

Summary of findings

Our key findings were:

- The practice had effective systems to record, investigate and respond to accidents, significant events and complaints.
- Learning from complaints and significant incidents were recorded and learning was shared with staff.
- All staff had received whistle blowing training and were aware of these procedures and the actions required.
- Patients provided positive feedback about the orthodontic service.
- Patients said they were treated with dignity and respect.
- The practice was able to demonstrate there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies.
- Emergency medicines, an automated external defibrillator (AED) and oxygen were readily available. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Patients were involved in making decisions about their treatment, and were able to ask questions.
- Options for treatment were identified and explored and discussed with patients and their closest relatives when appropriate.
- Patients' confidentiality was maintained.

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 recorded accidents and significant events and learning points were shared with staff.

The practice took action following significant events and accidents to reduce the risk, and the likelihood of the accident or event happening again.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

There were lead members of staff for safeguarding vulnerable adults and children. Staff had been trained in safeguarding. There were clear guidelines for reporting concerns and to offer support and guidance over safeguarding matters.

The practice had the necessary emergency equipment including an automated external defibrillator (AED) and oxygen.

Recruitment checks were completed for new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

Infection control procedures followed published guidance to ensure that patients were protected from potential risks.

Equipment used in the decontamination process was maintained by a reputable company and regular frequent checks were carried out to ensure equipment was working properly and safely.

X-rays were carried out safely in line with published guidance. X-ray equipment was regularly serviced to make sure it was safe for use.

Are services effective?

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

Patients were clinically assessed before any treatment began. This included completing a health questionnaire and having a consultation with the principal orthodontist.

Advice and support was given to all patients in the practice, and leaflets with information and advice were routinely given to patients to take away.

The practice had sufficient numbers of qualified and experienced staff to meet patients' needs.

There were clear procedures for referring patients to secondary care if necessary, particularly the maxillofacial department at the local hospital.

Are services caring?

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

Staff actively worked in a way to protect patients' confidentiality.

Patients were treated with dignity and respect.

Staff were open and welcoming to patients at the orthodontic practice.

Summary of findings

Patients said they received good orthodontic treatment, had confidence in the staff and were involved in discussions about their orthodontic care.

Patients said they were able to express their views and opinions.

Are services responsive to people's needs?

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

The practice appointments system was accessible to patients and met their needs.

The practice could meet the needs of patients with restricted mobility, with ground floor treatment rooms, waiting rooms and toilet facilities. A ramped access was available if required.

Are services well-led?

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

The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

There was an annual programme of audits and review to follow.

Patients were able to express their views and comments.

Staff said the practice was a friendly place to work, and they could speak with the practice manager or an orthodontist if they had any concerns.

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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.

We carried out an announced, comprehensive inspection on 17 November 2015. The inspection team consisted of one Care Quality Commission (CQC) inspector and a dental specialist advisor. Before the inspection we reviewed information we held about the provider together with information that we asked them to send to us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with six members of staff, including members of the management team.

Prior to the inspection we asked the practice to send us information which we reviewed. This included the

complaints they had received in the last 12 months, their latest statement of purpose, the details of the staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one orthodontist, the practice manager, four dental nurses, the decontamination auxiliary and one receptionist. We reviewed policies, procedures and other documents. We received feedback about the dental service from 42 patients.

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 procedures for investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in November 2015, this being a minor sharps injury to a member of staff. In total there had been five accidents recorded in the past 12 months. The practice was able to demonstrate that learning had occurred and steps had been taken to reduce risks. For example: On a rainy day a member of staff had slipped on entering the entrance hall with wet shoes. As a result a sign is displayed on rainy days in the entrance hall warning people to be aware of the slippery floor surface.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice manager said that there had been no RIDDOR notifications made, although they were aware how to make these on-line. We saw the minutes of staff meetings which showed that health and safety matters had been discussed, and learning points shared.

The practice had systems to record significant events, although there had not been any since 2011. This related to a patient with a latex glove allergy, being treated by a staff member wearing latex gloves. The gloves were changed for non-latex gloves before the patient experienced any harm, and the practice introduced more robust measures for identifying and recording when a patient had a latex allergy.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) and informed health care establishments of any potential safety concerns with medicines or healthcare equipment. The practice manager demonstrated how the alerts were received and information was shared with staff if and when relevant. The practice had not received any relevant alerts during the past year which required action.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and a safeguarding children policy. Both policies were up-to-date and had been reviewed in August 2015. The policies identified how to respond to and escalate any concerns. Information including a flow chart and the relevant telephone numbers were on display in staff areas of the practice. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The practice manager and the principal orthodontist were the identified leads for safeguarding in the practice and had received training in child protection to support them in fulfilling that role. Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children having completed the training on 19 June 2015. There had been no recorded safeguarding incidents at the practice on file.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy was dated 16 March 2011 and provided an in depth description of COSHH and the processes involved including risk assessments. We saw the steps taken to reduce the risks to staff included the use of personal protective equipment (gloves, aprons and masks), and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 23 August 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Orthodontics does not involve invasive treatments, so therefore safety devices such as rubber dams were not required. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth during treatment. Their use in general dentistry where invasive techniques are used is recommended by the British Endodontic Society.

Medical emergencies

The dental practice had emergency medicines and oxygen to respond to any medical emergencies that might occur.

Are services safe?

These were located in a secure central location, and all staff members knew where to find them. The medicines were as recommended by the 'British National Formulary' (BNF). We checked the medicines and found them all to be in date. We saw the practice had a system for checking and recording expiry dates of medicines, and replacing when necessary.

At the time of our inspection one dental nurse had completed a first aid at work course in August 2014. Their training certificate was on display within the practice. The practice manager said that a second member of staff was also going to complete this training so that there was first aid cover when the first dental nurse was not at the practice.

There was a first aid box, and we saw it was well stocked, and the contents were in date. The first aid box was stored in a secure central location, and all staff were aware of that location. Records showed that the first aid box contents were being checked weekly by the staff. The practice had a second first aid box alongside the first which was specifically for burn injuries. This too was held securely in a central location and was being checked weekly by the staff. We saw that the contents of both were in date, and were fully stocked.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an automated external defibrillator (AED) and oxygen which should be immediately available. The practice had AED. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed all staff had completed basic life support and resuscitation training on 6 October 2015. Portable suction was also available as part of the medical emergency kit.

We spoke with staff about medical emergencies and what action they would take. Staff said they had received training, and medical emergencies had been discussed in team meetings. Staff were able to describe the actions to take in relation to various medical emergencies including a patient collapse and a cardiac arrest (heart attack).

Staff recruitment

We looked at the personnel files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 identifies information and records that should be held in all staff personnel files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks 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.

We found that all members of staff had received a DBS check, and in the records we sampled all had been completed within the last five years. We discussed the records that should be held in the personnel files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

We found there were sufficient numbers of suitably qualified and skilled staff working at the practice to meet the needs of the patients.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in October 2015. Risks to staff and patients had been identified and assessed, and the practice had introduced measures to reduce those risks. For example: the risks posed by latex; and manual handling had all been risk assessed. There were environmental risks in place which had been reviewed and updated in April 2015.

The practice had other specific policies and procedures to manage other identified risks. For example: A waste management contract and policy for handling clinical waste; fire safety policies and procedures and COSHH procedures. Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire extinguishers had last been serviced in May 2015.

The practice had a health and safety law poster on display in a staff area of the practice. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Are services safe?

Staff training records identified that staff had received up-to-date training in health and safety matters, including fire training.

Infection control

Infection control within dental practices should be working towards compliance with Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' This document sets out clear guidance on the procedures that should be followed; records that should be kept; staff training; and equipment that should be available. Following HTM 01-05 would comply with best practice.

The practice had an infection control policy. The policy described how cleaning should be completed at the premises including the treatment rooms and the general areas of the practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. Records showed staff training in infection control had been completed during November 2015.

The practice had identified a decontamination lead member of staff. As a result the practice had one person overseeing the process, and ensuring that records were completed, and any changes to policy or updates to HTM 01-05 were known and acted upon.

Infection Prevention Society audits had taken place at the practice, but we found they were overdue. HTM 01-05: - Quality assurance system and audit 2.21 states: "At a minimum, practices should audit their decontamination practices every six months, with an appropriate review dependent on audit outcomes."

The practice had a sharps bin (a secure bin for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bin was located in the decontamination room, out of reach of small children. The health and safety executive (HSE) had issued guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013', and the practice were following the guidance. The practice did not use syringes or scalpels, as orthodontic practice does not require invasive techniques. There was a sharps risk with orthodontic wire, which the practice routinely used. This was a known risk and staff took the necessary precautions to reduce the risks.

The practice had a clinical waste contract, and waste matter was collected on a regular weekly basis. Clinical waste was stored securely while awaiting collection.

The practice had a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had defined clean and dirty areas to reduce the risk of cross contamination and infection. There was an area for bagging sterilised dental instruments and date stamping them in the clean area of the room. There was a clear flow of instruments through from the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury. These included gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). The practice had one washer disinfector (a machine similar to a domestic dish washer, but designed to clean dental instruments.) After the washer disinfector Instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The decontamination auxiliary demonstrated the decontamination process, and we saw the procedures used followed published guidance. We inspected a random sample of bagged instruments using the illuminated magnifying glass. All of the instruments we inspected were clean and free from any debris.

The practice had one steam autoclave. This was designed to sterilise non wrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate equipment used in the decontamination processes was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People (staff) who are likely to come into contact with blood products, or

Are services safe?

are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. A sharps injury is a puncture wound similar to one received by pricking with a needle or sharp wire.

The practice had a policy for assessing the risks of legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. This was to ensure the risks of legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing legionnaires' disease.

Records showed that the practice had a Legionella risk assessment carried out in February 2015. The practice was recording water temperatures monthly as identified in their risk assessment to monitor the risks associated with Legionella. The practice did not have any dental unit water lines in the treatment rooms.

Equipment and medicines

The practice had an equipment file which contained all of the necessary records relating to servicing of equipment. The records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had taken place on electrical equipment with the last testing recorded in July 2014. In addition a visual and manual check of electrical equipment (cords, plus and general state of repair) was completed monthly. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. Records showed the fire extinguishers had been serviced annually with the last check in May 2015.

Radiography (X-rays)

The dental practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth); one extra-oral (pan oral) X-ray machine (extra oral X-rays show the whole mouth, and the full set of teeth) and one cephalometric machine (for taking X-ray images of the entire head, and used in orthodontics as diagnostic tool, and to evaluate progress of treatment.)

X-ray equipment was located in a specific X-ray room. X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in the room where X-rays were carried out.

The practice had a radiation protection file which contained documentation to demonstrate the X-ray equipment had been maintained at the intervals recommended by the manufacturer. Records showed the last time the X-ray equipment was tested and serviced was October 2015.

The local rules identified the practice had a radiation protection supervisor (RPS) (the principal orthodontist) and a radiation protection advisor (RPA) (a company specialising in servicing and maintaining X-ray equipment). The Ionising Radiation Regulations 1999 (IRR 99) require that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only. The measures in place protected people who required X-rays to be taken as part of their treatment.

The emergency cut-off switch for all of the X-ray machines were located outside the room and a safe and suitable distance away from the X-ray machines. The X-ray room had appropriate signage on the door, to inform that X-ray machinery was located within.

The practice used digital X-ray images. Digital X-rays rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional X-rays.

The intra-oral X-ray machine did not have rectangular collimation. The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 recommend the use of rectangular collimation to limit the radiation dose a patient receives during dental X-rays. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient received and the size of the area affected. We brought this to the attention of the provider.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice recorded information about patients' assessment, diagnosis and treatment. We reviewed the dental care records for five patients. We found that an up to date medical history had been taken on each occasion.

Patients' medical histories including any health conditions, current medicines being taken and whether the patient had any allergies were taken for every patient attending the practice for treatment. If the dentist wanted to take an X-ray and the patient was of child bearing age, the possibility of being pregnant was also discussed.

We spoke with one orthodontist and the practice manager who said that each patient had their dental treatment and diagnosis discussed with them. Treatment options and costs were explained before treatment started. We received feedback from patients on the day of the inspection and we were told patients had been involved in discussions about treatment options.

Health promotion & prevention

We saw a range of literature in the waiting room and reception area about the services offered at the practice. There were specific leaflets giving advice about different aspects of the treatment. For example: Elastics – the leaflet explained that the elastic provided the force that moved teeth. This leaflet explained that teeth will not be moved or straightened without the force from the elastic. The practice manager said the leaflets were particularly useful for children and young people who might be tempted to remove braces, retainers or elastics.

We saw examples in patients' records that advice on caring for the devices (retainers, braces etc.) had been given and this was re-emphasised at each appointment.

The practice also provided specific information and advice for musicians who played wind instruments. This was because wearing either a fixed or removable brace could affect the musician's ability to perform.

Staffing

The practice had three orthodontists, an orthodontic therapist (who worked under supervision from an orthodontist); four dental nurses; one decontamination auxiliary, and a receptionist. Prior to the inspection we

checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We reviewed staff training records and saw staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: infection control, Mental Capacity Act 2005 and consent.

The practice appraised the performance of its staff with annual appraisals. We saw evidence in six staff files that appraisals had taken place in December 2014. The practice manager said appraisals were due again, and the process would be starting shortly. The appraisal system began with staff members carrying out a self assessment, followed by appraisal by the practice manager, with an individual one to one meeting. The emphasis being on training and personal development. Following the appraisal with the practice manager, the principal dentist reviewed and signed the documentation.

Working with other services

The practice manager said there were two examples of working with other services. Referrals made by the practice and referrals made to the practice.

An example of working with other services would be referrals to hospital, usually the Queens Medical Centre in Nottingham. The referrals might include the surgical exposure of teeth which had not erupted, extraction of buried teeth, removal of supernumerary teeth and jaw realignment among other procedures. The practice also received referrals from general dental practice, where a patient required specialist orthodontic treatment. We saw examples of both in the patient care records.

Consent to care and treatment

The practice had a consent policy to give staff information and guidance. We saw that the practice took a robust attitude towards consent, with evidence that treatment would not be carried out without valid consent.

Are services effective?

(for example, treatment is effective)

The practice had a large number of patients aged below 18 years. Discussions with an orthodontist showed they were aware of and understood the use of Gillick competency for young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge. The practice manager said that parents or guardians were involved from the outset, due to the nature and length of the treatments. However, the practice manager gave an example of a

patient who attended with a relative, not their parent or guardian, and treatment was not given, as valid consent could not on that occasion be given. The practice consent policy provided information about Gillick competencies.

The consent policy also had a description of competence or capacity and how this affected consent. The policy linked this to the Mental Capacity Act 2005 (MCA). Staff training records showed staff had attended training with regard to the MCA 2005 in June 2015. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from patients both through Care Quality Commission (CQC) comment cards and by talking to patients in the practice. Feedback was positive with patients saying they had confidence in the orthodontists and the staff at the practice. Several patients made specific reference to the staff treating them with dignity and respect.

We took time to observe how the staff spoke with patients and whether they did so in a dignified and respectful manner. Our observations were of patients being treated politely, and in a professional manner. Staff adopted a friendly approach with younger patients, helping to put them at their ease. The practice manager said that because treatment lasted several months, and in some cases a year or more, staff had got to know patients, and could speak with them in a friendly manner.

We discussed confidentiality with reception staff, who told us that they were aware of the need for confidentiality when conversations were held in the reception area. The reception desk was located outside the waiting room, which made confidentiality easier. Staff said that the consultation room which was located behind the reception desk was available for confidential discussions if required.

Our observations were that confidentiality was maintained within the practice. When asked patients said they had no concerns about their confidentiality being breached. We saw that patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

Involvement in decisions about care and treatment

Feedback from patients was positive about the practice, and their experiences of care and treatment. At the start of a course of treatment the patient, and in the case of a child or an adolescent, their parents or guardians; would have a detailed consultation with the orthodontist overseeing their treatment. At the consultation the orthodontist would explain all aspects of the treatment, including the desired result from the treatment. As orthodontic treatment takes a long period of time, patients made a commitment to the treatment, and this was explained also.

We saw patient records which showed the consultations had been recorded and also identified the patients' views and concerns. Costs involved with the treatment were also explained, and the patients were given detailed information sheets about treatments such as: the use of fixed appliances and retainers.

The practice website described the range of services offered to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice operated an appointment system. Orthodontic treatment generally lasted several appointments over a prolonged period of time, quite often several months. Patients would make an appointment in the practice, and were able to discuss days, dates and times that suited them when making their appointments. Feedback from patients was positive about the appointments system.

When new patients attended the practice they had an in depth consultation by an orthodontist. During this consultation the treatment plan would be identified, and there would be the opportunity for the patient and if appropriate their relative to ask questions and seek clarification.

Tackling inequity and promoting equality

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice was situated on the ground floor, and a removable ramp was available to allow access through the front door which had a stepped access.

The practice had good access to all forms of public transport, being situated close to the city centre. Car parking was available on the street outside with metered parking or in a nearby public car park.

The practice did not have a hearing induction loop. A hearing induction loop enabled a person wearing a hearing aid to hear more clearly by simple adjustment of their hearing aid. The Equality Act (2010) required where 'reasonably possible' hearing loops to be installed in public spaces.

Access to the service

The practice was open on: Monday to Friday from 9:00 am to 3:00 pm.

The practice was accessible to patients with restricted mobility.

Access to the service for treatment was through private referral, either by another dentist or by the individual themselves.

Orthodontic emergencies are rare and unusually serious. They can usually be deferred to regular hours the following day. However, the practice does use an out-of-hours emergency service and does comply to the same rules regarding emergencies as general dental practices. This would be for example providing cover over the Christmas period. Access to the out-of-hours service would be through dialling the practice number and following instructions on the answerphone.

Concerns & complaints

There was a complaints procedure for patients that explained the process to follow when making a complaint. Details of how to make a complaint were explained on the practice website, and in the practice and in the practice leaflet. Staff said they were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had been three formal complaints received in the past 12 months. Records within the practice showed that the complaints had been handled in a timely manner, and evidence of investigation into the complaints and the outcomes were recorded. In response to one complaint the practice had changed their practice policy. Previously the answer phone messages had not been checked until 9:00 am, despite the practice advertising it was open at 8:30 am. As a result the telephone in the practice was answered from 8:30 am to deal with any messages, particularly cancellations in a timely manner.

Are services well-led?

Our findings

Governance arrangements

We saw that audits were planned throughout the year. The practice manager demonstrated how they kept track of when audits were due, and how information was analysed and shared with staff. We saw examples of: A medical records audit, a photography audit and a record card audit which had all taken place during 2015. In addition the practice audited the quality of its X-rays on a three monthly basis.

We reviewed a number of policies and procedures and saw they had been reviewed to ensure they were up-to-date. For example the policies for safeguarding adults and children had been reviewed in August 2015, the Health and Safety policy had been reviewed in October 2015, and environmental risk assessments had been updated in April 2015.

Regular health and safety checks had been completed with portable appliance testing (PAT) on electrical equipment and fire extinguisher maintenance completed within the expected time frame.

Staff files contained the information to demonstrate that effective recruitment procedures were in place, and the practice could demonstrate that learning had taken place from complaints and significant events.

Leadership, openness and transparency

There was an experienced practice manager who had a diploma in leadership and management.

The practice manager said that an on-line calendar was used to alert the management team when management tasks were due. For example: required training for all staff such as basic life support, or when the service equipment such as fire extinguishers was due.

We saw minutes of meetings where information was shared and issues discussed.

Staff said they were confident they could raise issues or concerns at any time with the practice management team

without fear of discrimination. All staff we spoke with said the practice was an open and friendly place to work. Staff told us that they could speak with the practice manager or the principal orthodontist if they had any concerns. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

When we reviewed the complaints information at the practice, we saw that patients who had complained had been contacted and given reassurances that their concerns had been noted and action taken. An apology had been given for any concern or distress caused.

Staff were aware of how to raise concerns about their place of work under whistle blowing legislation. We saw that the practice had a whistle blowing policy, and all staff had access to the policy.

Learning and improvement

We saw that audits were scheduled throughout the year and information gathered was used to improve the quality of the service. This was by identifying areas where the practice was doing well and areas that required improvement.

Staff were supported to maintain their continuing professional development as required by the General Dental Council. Documentation at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Staff said they had good access to training; this was a mixture of in-house and some external training too.

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

The practice had the NHS Friends & Family box in the reception area. There had been 78 responses during October 2015; with the majority saying they were highly likely to recommend this orthodontic practice. Analysis of the friends & family information over time showed varying degrees of positive comments.

Information within the practice identified that learning from complaints had been shared with staff, and acted upon.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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