

Angle House Orthodontics Islington Limited

Angle House Orthodontics Islington

Inspection Report

51-55 Copenhagen Street

London

N1 0JH

Tel: 020 3096 2009

Website:

www.anglehouseorthodontics-islington.co.uk

Date of inspection visit: 29 November 2018

Date of publication: 24/12/2018

Overall summary

We carried out this announced inspection on 29 November 2018 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 Care Quality Commission (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

Angle House Orthodontics Islington is in the London Borough of Islington and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access available for people who use wheelchairs, and those with pushchairs. The practice has two treatment rooms, both located on the ground floor of the premises.

The dental team includes two orthodontists, an orthodontic therapist (who also undertakes administrative duties), three qualified dental nurses, and a trainee dental nurse. The clinical team is supported by a practice manager who also holds the role of lead dental nurse, receptionist and treatment coordinator.

The practice is owned by an organisation, 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 Angle House Orthodontics Islington was the principal dentist.

On the day of inspection, we obtained feedback from 35 patients.

During the inspection we spoke with an orthodontist, two dental nurses and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

- Mondays, Tuesdays and Wednesdays: 9am to 6pm
- Thursdays 10am to 7pm
- Fridays 9am to 5pm

The practice is closed for lunch between 2 and 3pm.

Our key findings were:

- The practice had effective leadership and a culture of continuous improvement.
- The practice appeared clean and well maintained.
- The practice 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.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

The provider was proactive and dedicated to improving outcomes for young people and women in their local areas. They had engaged with local schools and homeless shelters to improve oral health outcomes in the community. We saw examples of notable practice as follows:

- The provider had launched a seven-month leadership programme in 2017 to empower young women aged 16 to 25 years from underprivileged backgrounds. This was designed to:
 - Give women the confidence and skills to pursue passions, further education and training, a profession, and entrepreneurship.
 - Inspire young women by providing female role models and mentors to access opportunities within various professions including law, academia, medicine, business and marketing.
 - Give young women safe platform to discuss issues they face in work and life.
 - Empower young women to believe they can achieve anything and challenge limitations they may face in the workplace.

The programme, for which participants took part in a graduation ceremony, provided master classes, workshops, personal development plans, internships and mentorships with professionals from various industries. The workshops and classes included topics on time management, networking, public speaking,

Summary of findings

communication, entrepreneurship, goal-setting and reflection. The programme resulted in positive outcomes including helping four young women secure university places for their chosen course of study.

All participants reported positively that they had improved in their relationship management, negotiating, time management, team working, communication, patience, self-reflection, decision making, and active listening skills. Professionals involved reported feeling more supportive and having a greater understanding of women and their personal journeys.

- The provider had established the Angle House Orthodontic Foundation in 2013; a charitable organisation chaired by the principal dentist. The charity was founded by the provider's partners and had engaged over 1313 young people in London since its inception. The foundation had a vision of giving back to community & support causes directly helping children in areas local to their practices. They held 'insight days' which gave young people opportunities to gain work experience in a range of organisations.
- At the time of this inspection the foundation had made charitable donations exceeding £173,710 since 2013.

These donations had contributed to the Grenfell tower appeal, local primary schools, football clubs, children's hospices, a dyslexia foundation, and a teenage cancer charity.

- The practice was proactive at supporting the development and progression of their staff. They had been running an apprentice programme since the last six years. A member of staff who commenced employment with the provider as an apprentice trainee dental nurse told us the provider had supported them to develop their skills; at the time of the inspection they held the role of practice manager, treatment coordinator and lead dental nurse. Another member of staff who began working for the provider as a dental nurse progressed to become a practice manager, and had been supported in their progression to their role as an orthodontic therapist. Staff we spoke with gave positive feedback about the support they had received.
- The practice had received accreditation for achieving high standards of environmental management with regard to reducing waste, improving efficiency, providing assurance that their environmental impact is being measured, and improving their overall environmental impact, in line with the International Organisation of Standardisation's standards (ISO) 9001 and 14001 systems for quality management.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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 excellent and outstanding.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. They had also supported staff to develop their skills.

No action



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 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and welcoming.

They said that they were given thorough and clear explanations about dental treatment and said their dental clinician listened to them.

Staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

The provider had Cyber Essentials Plus accreditation, a government-run scheme which independently assesses providers to ensure they have effective processes in place to help defend their selves against common cyber threats such as malware attacks that could compromise patient information.

The provider was proactive and dedicated to improving outcomes for young people and women in their local areas. They had engaged with local schools to improve oral health outcomes in the community. We saw examples of notable practice including a leadership programme and charitable work.

The orthodontists regularly participated in study groups to encourage learning, peer support and continuous improvement.

Staff participated in events in the local community to improve oral health outcomes for young people and homeless people.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for people who used wheelchairs and those with pushchairs. The practice had arrangements to help patients with hearing loss, those with limited vision, and people who could not speak or understand English.

The practice took patients' views seriously. They valued compliments from patients and responded appropriately to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

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 and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

The practice asked for and listened to the views of patients and staff. They were proactive at investing in training developing staff; we saw positive examples of how they had supported staff through their career progressions.

There was a clear vision and set of values. These included striving in excellence in all aspects of the service, being the leading dental practice in social investment, serving the local community,

No action



Summary of findings

bridging the gap between health inequality and social mobility in the local community, and delivering services to meet the needs of patients. They had a strong ethos of 'corporate social responsibility' which they implemented by investing in the community, engaging with employees, making donations and supporting people from disadvantaged backgrounds.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission.

There was a system to highlight vulnerable patients in their records. i.e. people with a learning disability or a mental health condition, or those who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of recrimination.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had the appropriate checks in place for agency and locum staff. These reflected the relevant legislation. We checked two staff recruitment records. These showed that the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover in place.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to the manufacturer's instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

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.

Clinical staff completed continuing professional development in respect of dental radiography.

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 up to date and reviewed regularly to help manage potential risk.

The practice had 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 needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated regularly.

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. Staff knew how to respond to a medical emergency and had 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 to make sure these were available, within their expiry date, and in working order.

Dental nurses worked with the orthodontists and orthodontic therapist when they treated patients in line with General Dental Council's 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 had an infection prevention and control policy and procedures. They followed guidance in The Health

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. 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 clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The practice had received accreditation for high standards of environmental management with regard to reducing waste, improving efficiency, providing assurance that their environmental impact is being measured, and improving their overall environmental impact, in line with the International Organisation of Standardisation's standards (ISO) 9001 and 14001 systems for quality management.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice 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 principal orthodontist 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 checked were legible and contained key information about patients' care. They were stored securely and complied with data protection requirements.

The provider had Cyber Essentials Plus accreditation, a government-run scheme which independently assesses providers to ensure they have effective processes in place to help defend their selves against common cyber threats such as malware attacks that could compromise patient information.

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 practice had reliable systems for appropriate and safe handling of medicines.

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

Track record on safety

Senior staff had some awareness of the Serious Incident Framework. Staff had recorded, monitored and reviewed safety incidents, and discussed them to support future learning, reduce risk, and help them make any necessary safety improvements in line with the framework.

Lessons learned and improvements

The practice had systems in place to enable them to learn, investigate, and make improvements if things went wrong.

They had an effective system for receiving, disseminating and acting on safety alerts, which they used to maintain a good standard of safety in the practice in relation to medicines and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The orthodontists were involved in quality improvement initiatives including peer review during study groups they organised as part of their approach in providing high quality care.

The practice monitored their orthodontic treatment outcomes annually using the Peer Assessment Rating (PAR) developed by the British Orthodontic Society. The practice told us they had improved the quality and effectiveness of their treatment; they were performing on average 6% above national average PAR scores.

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. They were an Oral Health Awards finalist in 2018. The awards were created to reward and recognise excellence in dentistry.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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 told us that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that 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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can 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 that they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept 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.

The practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme.

Staff told us they discussed training needs, learning objectives, general wellbeing and aims for future professional development at annual appraisals, one-to-one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

The GDC also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. We confirmed that clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC).

Staff told us that they completed 'highly recommended' training as per the GDC's professional standards. This included undertaking medical emergencies and basic life support training annually. Staff had completed other training such as equality and diversity, information governance, oral cancer, mental capacity, consent, and legal and ethical issues.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists confirmed that 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 and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

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

The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for orthodontics. They monitored, and ensured the clinicians were aware of, all incoming referrals on a daily basis.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. were aware of their responsibility to respect people's diversity and human rights. They treated patients in a friendly, open and polite manner over the telephone and face-to-face.

We received feedback from 35 patients. Patients commented positively that staff were caring, helpful, kind, polite, attentive and welcoming. They told us they felt listened to and described the care they received from the practice as being amazing, excellent and outstanding.

Information folders and leaflets were available for patients. They had developed their own newsletter which they made available for patients to read. The newsletter included information about new staff, alternative treatments available and new developments in orthodontics. It also included details about educational work the practice participated in and information on their youth mentoring and leadership programme – 'Think It Possible: Queen Be'.

The provider launched this seven-month leadership programme in 2017 to empower young women aged 16 to 25 years from underprivileged backgrounds to:

- Give women the confidence and skills to pursue passions, further education and training, a profession, and entrepreneurship.
- Inspire young women by providing female role models and mentors to access opportunities within various professions including law, academia, medicine, business and marketing.
- Give young women safe platform to discuss issues they face in work and life.
- Empower young women to believe they can achieve anything and challenge limitations they may face in the workplace.

The programme, for which participants took part in a graduation ceremony, provided master classes, workshops, personal development plans, internships and mentorships with professionals from various industries. The workshops and classes included topics on time management, networking, public speaking, communication,

entrepreneurship, goal-setting and reflection. The programme resulted in positive outcomes including helping four young women secure university places for their chosen course of study.

All participants reported that they had improved in their relationship management, negotiating, time management, team working, communication, patience, self-reflection, decision making, and active listening skills. Professionals involved reported feeling more supportive and having a greater understanding of women and their personal journeys. The provider had completed a full audit of the programme and identified how they could improve and strengthen it going forward.

They operated the programme under the Angle House Orthodontic Foundation (the provider's charitable organisation chaired and part-founded by the principal dentist) which was created in 2013. The Foundation had engaged over 1313 young people in London since its inception. They had a vision of giving back to community & support causes directly helping children in areas local to their practices. They held 'insight days' which gave young people opportunities to gain work experience in a range of organisations.

At the time of this inspection the foundation had made charitable donations exceeding £173,710 since 2013. These donations had contributed to the Grenfell tower appeal, local primary schools, football clubs, children's hospices, a dyslexia foundation, mental health charities for young people in schools, and a teenage cancer charity.

The practice was also proactive at engaging with the local community by, for example, oral health educational sessions in local primary schools (delivered by the practice manager) along with free oral health care packs. The orthodontic therapist had delivered oral hygiene advice to homeless people in shelters during the Christmas period.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. The provider had Cyber Essentials Plus accreditation, a government-run scheme which independently assesses providers to ensure they have effective processes in place to help defend their selves against common cyber threats such as malware attacks that could compromise patient information.

Are services caring?

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.

The computer screens at the reception desk were not visible to patients. 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 be involved in decisions about their care.

Interpretation services were available for patients who did not speak or understand English; they informed patients of this in their practice leaflet. Patients were also told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information.

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

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

The principal orthodontist described to us the methods they used to help patients understand their diagnosis and treatment options discussed. These included photographs, models, videos, radiograph images, a dental scanning device, and an intra-oral camera.

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 and preferences. Patients could choose whether they saw a male or female orthodontist.

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

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

The practice had completed a Disability Access audit and implemented actions to continually improve access for patients. They had made adjustments for patients with disabilities. These included step free access, a hearing loop, interpretation services that included deaf-blind signing and British Sign Language, and an accessible toilet with hand rails and a call bell.

Timely access to services

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

The practice displayed its opening hours in the premises, in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. They took part in an emergency on-call arrangement with one of their sister practices.

The practice's entrance, website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients told us they had enough time during their appointment and did not feel rushed.

They 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 complaints policy providing guidance to staff on how to handle a complaint, and information for patients on how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice manager and relevant dental clinicians were responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so that patients received a quick response.

The practice manager told us they aimed to settle complaints quickly and satisfactorily. We checked the only written complaint the practice told us they received in the last 12 months.

We found the practice responded to the patient's concerns with timeliness and in an open manner. They discussed learning outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice's leaders had the capacity and skills to deliver high-quality care. They had the experience and skills to deliver the practice's objectives to provide excellent patient-focused care. They worked closely with the practice staff and 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 and we saw positive examples of this. They had been running an apprentice programme since the last six years. A member of staff who commenced employment with the provider as an apprentice trainee dental nurse told us the provider had supported them to develop their skills; at the time of the inspection they held the role of practice manager, treatment coordinator and lead dental nurse. Another member of staff who began working for the provider as a dental nurse progressed to become a practice manager, and had been supported in their progression to their role as an orthodontic therapist. Staff we spoke with gave positive feedback about the support they had received.

The practice was a finalist for an Investors In People Platinum award in 2018. The award recognises and rewards excellent leadership and organisations that support and manage people well. They had participated in this since 2002.

Vision and strategy

There was a clear vision and set of values. These included striving in excellence in all aspects of the service, being the leading dental practice in social investment, serving the local community, bridging the gap between health inequality and social mobility in the local community, and delivering services to meet the needs of patients. They had a strong ethos of 'corporate social responsibility' which they implemented by investing in the community, engaging with employees, making donations and supporting people from disadvantaged backgrounds.

Culture

The practice had a culture that encouraged learning, peer support, team work, training, career progression and well-being.

Staff told us they felt respected, supported and valued. They appeared proud to work in the practice.

They showed openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff we spoke with told us that they were able to raise concerns and were encouraged to do so. 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.

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. There was a human resources and compliance manager responsible for staffing and ensuring the practice was compliant with various regulations and best practice guidance.

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 information

The practice acted on appropriate and accurate information. They had information governance arrangements; staff were aware of the importance of these in protecting patients' personal information.

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. They encouraged patients to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide

Are services well-led?

feedback on NHS services they have used. Out of 79 patients surveyed, all of them indicated they would recommend the practice to their friends and family members.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, they had consulted with staff prior to implementing new dental scanning technology in the practice. Staff gave us positive feedback regarding the implementation of this device.

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 and others. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice had also monitored the orthodontic treatment outcomes for patients annually using the Peer Assessment Rating (PAR) developed by the British Orthodontic Society. The practice told us they had improved the quality and effectiveness of their treatment; they were performing on average 6% above national average PAR scores.

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