Orthoworld 2000 Limited

Orthoworld 2000 Taunton

Inspection Report

23 The Crescent
Taunton
TA1 4EB
Tel:01823 270953
Website:www.mydentist.co.uk/dentists/practices/england/south-west-england/taunton/orthoworld-2000

Date of inspection visit: 2 August 2016
Date of publication: 21/10/2016

Overall summary

We carried out an announced comprehensive inspection on 2 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is situated near the centre of Taunton and has a waiting/reception room, five treatment areas, a decontamination room, administrative offices, a patient consultation room and a disability toilet. Parking is available in a car park adjacent to the practice. The practice has two specialist orthodontic dentists, two orthodontic therapists, two clinical assistants, four qualified dental nurses, two trainee dental nurses, four receptionists, a treatment coordinator and a practice manager. The practice is a specialist dental surgery providing orthodontic treatment to adults and children through the NHS and privately. Orthodontics is the branch of dentistry concerned with growth and development of orofacial structures, including irregularities of teeth, malocclusion, and associated facial problems. The practice also provides a facial aesthetics service on a private basis for adults.

The practice is open: Monday 08.30am-8.00pm, Tuesday-Thursday 08.30am-5.30pm, and Friday 08.30am – 1.00pm.The practice is closed at the weekend.

The practice is registered with the Care Quality Commission (CQC) as a limited company and has a registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

We received feedback from 31 patients about the service. The 27 CQC comment cards seen and four patients spoken with reflected very positive comments about the staff and the services provided. Patients commented the practice appeared clean and tidy and they found the staff very caring, friendly and professional. They had trust and confidence in the dental treatments and said explanations from staff were clear and understandable. They told us appointments usually ran on time and they would highly recommend the practice.

Our key findings were:.

- There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- Premises were well maintained and a tour of the building confirmed that good cleaning and infection control systems were in place. The treatment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Specialist orthodontic dental care was provided in accordance with current legislation, standards and guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation within their specialist field.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt valued, involved and worked as a team.
- The practice took into account any comments, concerns or complaints and used these to help them improve the service provided. We observed some complaints were not always dealt with in a timely manner.
- Common themes from the CQC comment cards were patients felt they received excellent care in a clean environment from a helpful practice team.
- Dentists, therapists and dental nurses all had specialist skills supported by enhanced skills training. They worked well as a team supporting each other and were able to undertake extended roles such as in radiography and taking impressions.
- The role of a patient coordinator to ensure patients fully understood their treatment options.
- Patients had their treatment peer assessed and rated using the orthodontic peer assessment rating (PAR) index.

There were areas where the provider could make improvements and should:

- Review the process of appraisal and monitoring individual personal development plans (PDP's).
- Review the practice's system for the investigating and resolving complaints in a timely manner.
- Review the process for updating the Control of Substances Hazardous to Health (COSHH) file.

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?

No action

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

The practice had systems to assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Medicines for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation CPR).

Are services effective?

No action

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

The practice specialised in orthodontic treatment for straightening teeth. Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and patient consent taken. The practice kept detailed dental records of oral health assessments; treatment carried out and they monitored outcomes of treatment.

The treatment provided for patients was effective, evidence based and focussed on the needs of the individual. National Institute for Health and Care Excellence (NICE), British Orthodontic Society's guidance, Department of Health, national best practice and clinical guidelines were considered in the delivery of orthodontic care and treatment for patients.

Patients had their treatment peer assessed and rated using the orthodontic peer assessment rating (PAR) index. The lead orthodontist was trained in using the PAR index. (The PAR index is a robust way of assessing the standard of orthodontic treatment that an individual provider is achieving and determining the outcome of the orthodontic treatment in terms of improvement and standards). In orthodontics it is important to objectively assess whether a worthwhile improvement has been achieved in terms of overall alignment and occlusion for an individual patient for the greater proportion of a practitioner's caseload. This practice quality assured all their patients treatment using the PAR index

The staff were appropriately trained in delivering the specialised services they provided. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration.

Are services caring?

No action

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

Summary of findings

We reviewed 27 completed CQC comments and received feedback from four patients about the care and treatment they received at the practice. The feedback was positive with patients commenting on the excellent service they received, professionalism and caring nature of the staff and ease of accessibility in an emergency. Patients commented they felt involved in their treatment and that it was fully explained to them.

The appointment system and record systems had a flagging system which highlighted to staff any patients special needs or medical conditions to enable them to treat patients individually and with care and understanding.

Patients who were nervous or anxious about attending the dentist were cared for with compassion that helped them feel more at ease.

Are services responsive to people's needs?

No action ✓

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

The practice was aware of the needs of their patients and took these into account in how the practice was run. Patients had good access to appointments at the practice. There were good dental facilities in the practice and there was sufficient well maintained equipment to meet patients' needs.

Appointment times were convenient and met the needs of patients and they were seen promptly.

The practice was accessible once in the building and accommodated patients with a disability or lack of mobility. Treatment areas and a disabled accessible toilet were located on the ground floor. However there were steps into the building and it was not possible to use a ramp as the gradient was too steep. We observed the reception desk was compliant with the Disability Discrimination Act 1995 and the Equality Act 2010.

There was a clear complaints system in place.

Are services well-led?

No action ✓

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us that they felt well supported and could raise any concerns with the practice manager.

Patients and staff were able to feedback compliments and concerns regarding the service.

Orthoworld 2000 Taunton

Detailed findings

Background to this inspection

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

The inspection took place on 2 August 2016 and was conducted by a CQC inspector and a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included any complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with two associate dentists, two orthodontic therapists, a treatment coordinator, two dental nurses, two receptionists and the practice manager. We reviewed policies, procedures and other documents. We reviewed 27 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke with four patients on the day of inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder. There had been one recent incident in which a member of staff had suffered a needlestick injury. This had been appropriately documented and reported and treated according to the practice and national policy. We saw the documentation included a detailed description, the learning that had taken place and the actions taken by the practice as a result. Records seen showed accidents and significant events were discussed and learning shared at practice meetings.

The practice manager told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

During the inspection we observed the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records were paper and electronic and contained a medical history that was obtained and updated prior to the commencement of dental treatment and at regular intervals of care. The dental care records seen were well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice was using dental safety syringes which supported staff to dispose of needles safely in accordance with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Staff spoken with showed told us regular checks were done to ensure the equipment and emergency medicines were in date and safe to use. Records seen corroborated this information from staff. All staff told us they had completed training in emergency resuscitation and basic life support and we were shown documentary evidence to corroborate this. Staff spoken with demonstrated they knew how to

respond if a person suddenly became unwell. Two members of staff were trained in first aid and a first aid box was centrally located and readily available for use in the practice.

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the practice policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These 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. Records confirmed these checks were in place. We looked at the recruitment files for three members of staff who had joined the practice in the last 12 months and found they contained appropriate recruitment documentation.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and principal dentist to ensure they felt supported to carry out their role.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that when absences occurred they would cover for their colleagues.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments would be reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. We observed the COSHH file appeared not to have been updated for some time. The manager assured us a protocol had been put in place to ensure this was done.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

We saw records which demonstrated that fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested. A recent fire drill had been carried out and we were assured the practice would undertake and document these every six months.

Infection control

The practice was visibly clean, tidy and uncluttered. The practice clinical areas had been furbished to a high standard and the open plan treatment rooms had units, work surfaces and furniture that promoted good infection prevention and control. There was an overarching infection control policy in place and supporting policies and procedures which detailed decontamination and cleaning. General cleaning was undertaken by a cleaner and a cleaning schedule was in place that was monitored and followed National Patient Safety Association (NPSA) guidance about the cleaning of dental premises. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurses and they were able to describe how they undertook this.

There was a lead dental nurse for infection control and decontamination in the practice. Staff had received training in infection prevention and control as part of their continuing professional development. We saw evidence the practice had undertaken an infection control audit and demonstrated compliance with current Department of

Are services safe?

Health's guidance, Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). Plans were in place to carry out this audit every six months as per best practice guidelines.

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises. Posters describing proper hand washing techniques were displayed throughout the practice. There was a policy and procedure for dealing with inoculation /sharps injuries. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place. Clinical waste was stored securely prior to it being collected by an authorised waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated local decontamination unit (LDU). However the LDU was secure and was not accessible to patients and the public. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We observed instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, the lead dental nurse for decontamination demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an automatic washer/disinfector. Instruments were then rinsed and examined using an illuminated magnifying glass to enable closer inspection of instruments after cleaning. Instruments were then sterilised in a validated autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that was within the recommendations of the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to demonstrate equipment was functioning properly. Records showed the equipment was in good working order and being effectively maintained.

Staff were well presented and wore uniforms inside the practice only. We saw and were told by patients they wore personal protective equipment when being treated. We saw documented evidence clinical staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products and are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a recent legionella risk assessment and conducted regularly cleaning of the dental unit waterlines (DUWL) and regular temperature tests on the sentinel taps in the hot and cold water supplies. A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work place.

Equipment and medicines

We found all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments, X-ray equipment, dental chairs and all equipment in the treatment rooms. There were processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for each of the units and equipment tested.

We observed and were shown evidence portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process under which electrical appliances are routinely checked for safety.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes. Emergency medicines were checked to ensure they did not go beyond their expiry date.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment and in line with published guidance from the British Orthodontic Society (BOS). We observed local rules were displayed in areas where X-rays were carried out.

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000

Are services safe?

(IRMER).This file contained notification to the Health and Safety Executive (HSE) and necessary documentation pertaining to the maintenance of the X-ray equipment. The names of the Radiation Protection Advisor and the Radiation Protection Supervisor were clearly identified. The file included the critical examination packs for the X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

The dental care records we saw showed dental X-rays were justified, quality assured (graded) and reported upon every time. X-rays were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. The dentist monitored the quality of the X-ray images regularly and records of these x-ray audits were maintained.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The clinical staff were familiar with, and used current professional guidance for dentistry, and specifically orthodontics. The British Orthodontic Society's (BOS) guidelines were used routinely in care and treatment of their patients.

Patients attending the practice for consultation and treatment received an assessment of their dental conditions and needs which began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence, and were told by patients, the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues to assess their oral health and treatment needs.

Clinical assessment of children involved using the Index of Treatment Need (IOTN). The IOTN is used to assess the need and eligibility of children under 18 years of age for NHS orthodontic treatment on dental health grounds. The British Orthodontic Society believes that the IOTN is an objective and reliable way to select those children who will benefit most from treatment and is a fair way to prioritise NHS resources. The accurate use of IOTN requires specialist training and the assessment of dental health need for orthodontics using the IOTN should take place in a specialist orthodontic practice. The dentists, therapists and dental nurses at the practice were all trained in this specialty.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Different types of braces were used to straighten teeth and details of the treatment provided were documented .We observed a patient with the treatment coordinator whose role was to ensure patients fully understood treatment options and costings, if relevant.

The staff we spoke with and evidence we reviewed confirmed care and treatment was aimed at ensuring each patient was given support to achieve the best outcomes for them. We found from our discussions staff completed assessments and treatment plans in line with The National Institute for Health and Care Excellence (NICE) and national BOS guidelines. These plans were reviewed appropriately.

It was confirmed by dentists and patients we spoke with that each patient's treatment needs was discussed with them and treatment options were explained. Preventative dental and oral health advice and information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. For patients undergoing orthodontic treatment it is especially important good oral hygiene was maintained. The clinical staff we observed were supported by a hygienist whose role was to maintain and improve the patient's oral health. The patient's notes were updated with the proposed treatment after discussing options with them. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The practice undertook a number of quality monitoring audits regularly. These included radiographs, treatment planning, medical history taking and record keeping. Patients had their treatment peer assessed and rated using the peer assessment rating (PAR) index. The lead orthodontist was trained in the use of the PAR index. (The PAR index is a robust way of assessing the standard of orthodontic treatment an individual provider is achieving and determining the outcome of the orthodontic treatment in terms of improvement and standards). In orthodontics it is important to objectively assess whether a worthwhile improvement has been achieved in terms of overall alignment and occlusion for an individual patient or the greater proportion of a practitioner's caseload. This practice quality assured their patients treatment using the PAR index in line with NHS contractual requirements.

We reviewed 27 CQC comment cards and spoke with four patients on the day of inspection. Feedback we received reflected patients were very satisfied with the assessments, explanations and the quality of the treatment.

Health promotion & prevention

Oral health promotion was part of the practice's philosophy. To facilitate good orthodontic treatment oral hygiene was an important factor. The dentists, therapists and dental nurses all provided oral health advice and education tailored to patients' individual needs.

The waiting room and reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective

dental hygiene and how to reduce the risk of poor dental health. We observed the staff giving patients good quality information leaflets and explaining the information to them.

Adults and children attending the practice were educated in oral health and how to maintain good oral hygiene during the course of their treatment. Tooth brushing techniques were explained to them in a way they understood, smoking and alcohol advice (for adults) was also given to them.

This was in line with guidance issued in the Public Health England publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting and to improve oral health. The sample of dental care records we observed demonstrated dentists had given oral health advice to patients. Oral Health products such as tooth brushes, inter dental cleaning aids and mouthwash were for sale and available at the reception desk.

Staffing

The practice had two specialist orthodontic dentists, two orthodontic therapists, two clinical assistants, four qualified dental nurses, two trainee dental nurses, four receptionists, treatment coordinator and a practice manager. Dental staff were appropriately trained and registered with their professional body.

The dentists, therapists and dental nurses were appropriately qualified and registered. The principal dentist and one other dentist were listed on the specialist orthodontics register of the GDC. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels and had access to various role related courses both online and face to face. CPD is a compulsory requirement of registration as a general dental professional and this activity contributes to their professional development.

The practice provided access to update training and training courses. We saw evidence of training courses having taken place such as basic life support and safeguarding. Staff we spoke with told us they were supported in their learning and development and to maintain their professional registration.

Annual staff appraisal and performance reviews took place. Staff told us they would also have informal discussions with the dentists and manager about their performance and any training and development needs. They told us the practice was supportive and someone was always available for advice and guidance. We saw the dental nurses were supported to undertake further training relevant to their role such as radiography and impression taking. However we observed development of individual personal development plans required review to be effective and meaningful for staff.

Working with other services

The practice manager explained how they worked with other services. As a specialist treatment centre they took referrals for treatment from across the region. They were also able to refer to other services as needed and liaised with the patient's general dental practitioner regarding their care and treatment.

The dentists were also involved in the local orthodontic peer review group where good practice and ideas within the speciality were shared.

Consent to care and treatment

Staff we spoke with on the day of inspection had a clear understanding of patient consent issues. The clinical staff understood the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

We observed and were shown evidence staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We were shown that in instances where treatment plans were more complex the patient was provided with a written statement of the individual findings in language they could understand.

We saw evidence patients were presented with treatment options and consent forms and treatment plans were signed by the patient. The dentists and dental nurse explained how they would obtain consent from a patient who suffered with any cognitive impairment which might mean they were unable to fully understand the implications of their treatment.

Staff explained they would involve relatives and carers to ensure the best interests of the patient were served as part

Are services effective?

(for example, treatment is effective)

of the process. This followed the guidelines of the Mental Capacity Act 2005 which 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 observed staff at the practice treated patients with dignity and respect and maintained their privacy and confidentiality. As is usual in an orthodontic practice the treatment was carried out with an open plan arrangement for delivery of the orthodontic treatment. There was also the treatment coordinators room where patients and parents/carers could discuss treatment issues in private. The treatment areas were partitioned off and situated away from the main waiting area.

Patients reported they felt the practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments received told us staff always listened to concerns and provided patients with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment. This was supported by patients' comments we reviewed which told us they were well cared for when they were nervous or anxious and this helped make the experience better for them.

Involvement in decisions about care and treatment

The clinical staff explained patients were given time to think about the treatment options presented to them and made it clear that a patient could withdraw consent at any time. Patients told us they received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs (where applicable) were made clear in the treatment plan. We reviewed a number of records which confirmed this approach had taken place.

Patients' comments told us the staff were professional and care and treatments were always explained in a language they could understand. Information both written and verbal was given to patients enabling them to make informed decisions about care and treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice's information leaflet, information displayed on the website and in the waiting area described the range of services offered to patients and included information in relation to the complaint procedure. The practice provided mostly NHS treatment and some private care. Treatment costs, where appropriate, were clearly displayed.

Each patient contact was recorded in the patient's dental care record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history.

Staff aimed to capture the patient's expectations in relation to their needs and concerns which helped direct them to provide the most effective form of treatment. We observed the patient coordinator played a vital role in this process. Staff were alerted if a patient had special needs or medical conditions through a flagging system on the computer which helped them treat patients individually and with care and understanding.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place and provided training to support staff in understanding and meeting the needs of patients.

The practice had a short flight of steps to access it and in the Disability and Discrimination Act (DDA) assessment we saw it was not possible to implement any action to overcome this accessibility hurdle as the gradient was too steep for a ramp in the available space. Once in the practice all facilities were accessible to patients as treatment areas and a disabled accessible toilet were located on the ground floor with a flat access to this area.

For patients who could not access the practice arrangements had been made with the local hospital for them to be seen,

Access to the service

Appointment times and availability met the needs of patients. The arrangements for obtaining emergency dental advice outside of normal working hours were detailed in the reception area, in the information leaflet and on the website. We observed space was left daily in the appointment book for emergencies and patients we spoke with advised they had been able to seek emergency care in a timely manner.

Patients we spoke with and comments we received told us there were no concerns regarding waiting times and that appointments usually ran on time. Patients commented they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw there had been five complaints received in the last 12 months. We found these had been documented and responded to appropriately but not always in a timely manner.

Are services well-led?

Our findings

Governance arrangements

The practice had robust governance arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice. Staff had lead roles for example in decontamination, infection control and safeguarding. Some clinical staff indicated they had received advanced training for example some nurses were able to take impressions.

The practice carried out regular audit cycles. These included for example, treatment planning, medical history taking, radiographs and record keeping. Audits were completed regularly and re audits were evident, which demonstrated improved outcomes. Treatment outcomes were peer assessed and rated using the peer assessment rating (PAR) index. The lead orthodontist was trained in the use of the PAR index. The practice quality assured their patients treatment using the PAR index which demonstrated good practice.

Health and safety risk assessments were in place to help ensure patients received safe and appropriate treatments.

There was a range of policies and procedures in use at the practice. These included health and safety, safeguarding children and vulnerable adults, infection prevention control, consent and treatment and human resources. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us they had read and understood them. The policies were localised to the practice.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. The ethos of the practice detailed they were committed to putting patients' needs first and making every patient feel comfortable, assured and confident.

Staff were aware of who to raise any issues with and told us the dentists and other staff listened to their concerns and acted appropriately. They told us there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice ethos.

The practice had a statement of purpose. Staff could articulate the values and ethos of the practice to provide high quality dental care and put the patient first.

Learning and improvement

The practice had an established structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography.

Staff told us the practice supported them to maintain and develop through training, and mentoring. Regular appraisal and development reviews took place and the manager assured us they would review the management of individual personal development plans to ensure they were meaningful to support staff.

The practice staff attended training days and sessions. These included basic life support and safeguarding. Online training was accessible to staff for their continuing professional development.

The clinical staff kept themselves up to date with current best practice guidelines for dentistry and in particular orthodontics and were involved in local peer review. Clinical staff had received enhanced training in orthodontics. The dental professionals were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuing professional development as required by the GDC.

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

The practice staff told us patients could give feedback at any time they visited. They undertook patient satisfaction surveys and had systems in place to review the feedback from patients who had cause to complain. They had implemented the NHS Friends and Family Test (FFT) and regularly reviewed comments from this and implemented improvements to service where needed.

Are services well-led?

The practice held regular monthly documented meetings at which clinical and practice management issues could be discussed. Staff told us they received important information and feedback through these meetings.