Orthoplus LLP

Orthoplus - The Orthodontic Practice - Uxbridge

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 2 July 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

Orthoplus – The Orthodontic Practice Uxbridge is one of three orthodontic practices operated by Orthoplus LLP. The practice is located in Uxbridge in the London Borough of Hillingdon. The other two practices are located in Northwood in North West London and Hemel Hempstead in Hertfordshire. Each practice is separately registered with the Care Quality Commission (CQC).

The practice premises are laid out over three floors with the entrance, reception and waiting area on the ground floor accessed via a ramp at street level. The treatment room is on the first floor accessed by four stair steps and the administration and storage area located in the basement. The treatment room is open plan with four dental chairs, there is a separate consultation room for privacy. The practice has an in house laboratory for the processing of dental impression models and vacuum formed retainers. (A vacuum formed retainer is a thin brace made from a sheet of clear plastic)

Summary of findings

The practice provides NHS orthodontic treatment to patients under 18 years of age who meet the criteria set out in the NHS index of treatment need (IOTN). (The IOTN is a clinical index to assess orthodontic treatment need). Private and Independent payable treatment is available at the practice to patients under 18 years if they do not meet the NHS IOTN criteria or for those who do not want to go on a waiting list. Private and Independent payable treatment is available for patients over 18 years of age.

The practice is open Mondays to Thursdays from 08.00 am to 5.00 pm and closed for lunch between 1.00 pm to 2.00 pm. Appointment times are from 08.00 am to 12.00 pm alternate Mondays; 08.00 am to 12.00 Tuesdays; 2.00 pm to 5.00 pm alternate Wednesdays and 08.00 am to 4.00 pm Thursdays. The practice is closed on Fridays.

Three orthodontists work at the practice with one in attendance during practice opening hours. Three registered dental nurses who also perform reception duties cover between them during practice opening hours. Clinical staff are supported by a practice manager who is in attendance at the practice one day a week and based at the other practice sites the remaining of the week. The practice manager had recently been appointed to manage the three practice sites and at the time of our inspection had been in post for three months.

The practice changed its registration with the CQC in January 2015 when the registered manager left the company. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. At the time of our inspection the CQC had not received an application for a new registered manager, but we were told that this would be progressed.

The inspection took place over one day and was carried out by a CQC inspector accompanied by a specialist advisor for orthodontic dentistry.

We received eight CQC comment cards completed by patients and spoke with four families with children that were attending their orthodontic appointments during our inspection visit. We reviewed feedback from NHS Family and Friends Test (FTT) cards completed by patients. Patients we spoke with, and those who completed comment cards, had commented positively about the staff and their experience of being treated at the practice.

Our key findings were:

- The practice had systems to assess and manage risks to patients and staff, including for infection prevention and control health and safety and the management of some medical emergencies including emergency medicines. The practice did not have an automated external defibrillator (AED)
- Equipment, such as the autoclave (steriliser), fire extinguishers and oxygen cylinder were checked for effectiveness and were regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients indicated that they were able to make appointments when needed and that they received good care carried out by helpful and professional staff.
- Systems were in place to receive patient feedback and improve practise.
- The practice had a clear vision for the services it provided and staff told us they were well supported by the management team.
- There was evidence that the practice audited areas of their practise as part of a system of improvement and learning.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols to store sterilised unwrapped dental instruments giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the availability of necessary equipment for the smooth running of the practice, especially the Orthopantomogram (OPG) X-ray machine to ensure it

Summary of findings

is in working condition and that patients are not required to travel to another practice for OPG X-rays. (OPG is a panoramic scanning dental X-ray of the upper and lower jaw).

- Review the practice's protocols for open plan treatment rooms and ensure all reasonable efforts are made to make sure that discussions about care and treatment cannot be overheard.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review its audit protocols to ensure audits to review the quality of clinical record keeping are undertaken at regular intervals.
- Review patient information literature to ensure that they reflect up to date information about the practice opening times and the current practice team.

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.

There were systems in place to help ensure the safety of patients and staff. These included safeguarding procedures to protect children and vulnerable adults from harm and maintaining the required standards of infection prevention and control. There was an effective system in place for reporting and learning from incidents. A range of risk assessments to identify and manage risks were carried out. Suitable pre-employment checks were carried out before employing staff. There were arrangements in place to respond to medical emergencies, however the practice did not have an automated external defibrillator (AED).

Are services effective?

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

Patient's orthodontic needs were assessed and care was planned in line with national guidelines. This included assessment of eligibility for patients under 18 years of age to receive NHS funded orthodontic treatment. Patients were advised of the steps to take to maintain healthy teeth and gums during their orthodontic treatment, and dental products to assist this were available to purchase at the practice. Information about treatment options, duration and cost were made available to assist informed consent to treatment.

Are services caring?

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

Patients and their families told us that staff were caring, and that they were treated with courtesy and kindness and professionalism and this was reflected in the CQC comment cards completed by patients. They felt well informed about their treatment and treatment options and were involved in decisions about their care. On the day of our inspection we observed staff treated patients with respect, and patient privacy and confidentiality were maintained. Patients' dental care records were stored electronically and paper records were kept securely.

Are services responsive to people's needs?

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

There was good access to the service with appointments for patients with urgent care needs available the same day. Instructions were available for patients requiring urgent care when the practice was closed. The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

Are services well-led?

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

There was a clear leadership structure led by the principal orthodontist and the practice manager. Staff had clear roles and responsibilities and told us that they felt well supported by the management team. The practice assessed and monitored the services they provided through patient feedback, audits and complaints. However, it was observed that a dental care record audit had not been undertaken. Staff meetings were held and discussions and actions agreed were documented.

Orthoplus - The Orthodontic Practice - Uxbridge

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 2 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor for orthodontic dentistry.

Prior to the inspection we reviewed information we held about the provider. We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and checked dental care records to confirm our findings. We spoke with the orthodontist on duty, two dental nurses and the practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed eight Care Quality Commission (CQC) comment cards completed by patients, spoke with four families with children that were attending appointments on the day we visited and reviewed the results of the NHS Friends and Family Test (FFT) cards completed during April 2015 to June 2015.

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

There was an effective system in place for reporting and learning from incidents. There was a policy for staff to follow for the reporting of incidents and staff we spoke with were aware of the reporting processes in place. This included completion of an incident reporting form which documented where areas of improvement or training need were required. The practice held monthly meetings with staff from the other two practice sites during which any incidents could be discussed and wider learning shared. No incidents had been reported in the last year.

Staff were provided with guidance on what to do in the event of experiencing a sharps injury during the course of their work. One member of staff had reported one such incident and had followed protocol by attending occupational health to confirm if Hepatitis B level checks were required.

Staff explained patients would be told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding policy which referred to national guidance. There was a named member of staff with lead responsibility for safeguarding concerns. Staff had received safeguarding training and were able to describe the signs they would look out for which may indicate abuse or neglect. There had been no safeguarding issues reported by the practice to the local safeguarding team.

The practice had a whistleblowing policy and staff we spoke with were aware of the procedures to follow if they had a concern about a colleague's performance.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, a practice-wide risk assessment had been performed in June 2013 and that this had been reviewed in June 2015 which covered topics such as fire safety, the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). We saw that where risks had been identified actions to minimise the risks had been documented.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. Staff received annual training in basic life support and this was last updated in October 2014. The practice held emergency medicines in line with guidance issued by the British National Formulary (BNF) for dealing with common medical emergencies in a dental practice. These medicines were in date and fit for use. A log of medicines expiry date was kept and checked monthly. We observed that glucagon injection used for low blood sugar emergency was stored in a refrigerator in the practice.

Portable oxygen and other related items, such as manual breathing aids were available and these were regularly checked. However, we noted that some equipment recommended by the Resuscitation Council UK were not present. The practice did not have an automated external defibrillator (AED) and a portable suction. (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). We were unable to establish if a risk assessment had been conducted to negate the need to have an AED.

Staff recruitment

There was a recruitment protocol in place that described the process when employing new staff, to ensure that they were suitable and competent for the role. This included checking proof of identity, skills and qualifications and registration with the General Dental Council (GDC). (The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians). Copies of GDC registrations for all staff were made available for us to view. Criminal records checks through the Disclosure and Barring Service (DBS) had been undertaken for all staff and references were sought before staff commenced employment.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety

Are services safe?

policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers were next due to be serviced in November 2015.

There were arrangements in place to meet the Control of Substances Hazardous to Health (COSHH) 2002 (COSHH) regulations. (COSHH 2002 was implemented to protect workers against ill health and injury caused by exposure to hazardous substances from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way). There was a system in place to record COSHH products where risks to patients, staff and visitors associated with hazardous substances were identified and actions to minimise the risk documented. We looked at the COSHH files the practice maintained and saw that they included cleaning products. However we noted that hazardous dental materials for example, sterilising fluid had not been included in the file.

During our observations around the practice we saw that COSHH products were securely stored.

There was a business continuity plan in place. This had been kept up to date with a list of the key external contacts required, although it still displayed the contact details of previous practice management staff. The practice manager told us there were arrangements in place to use the premises at their other locations in the event that their own premises became unfit for use.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following guidance on decontamination and infection control issued by the Department of Health (DoH) in the publication Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05). The practice had carried out a general infection prevention audit in March 2015 and a HTM 01-05 self-assessment compliance audit in June 2015.

We observed that the dental treatment area, consultation room, waiting areas, reception and toilet were clean, tidy and clutter free. Hand washing facilities including liquid soap and paper towels were available in the clinical areas and toilets. There were multiple sinks in the treatment area, however we noted there was no signage marking the purpose of each. There was a designated decontamination room for the sterilisation of dental equipment which housed one sink, but there was a hand wash sink in the adjoining laboratory room. Clinical staff followed 'bare below the elbow' practise.

One of the dental nurses was the infection control lead and they described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the treatment area environment following the treatment of a patient. They demonstrated a good system for decontaminating the working surfaces, dental unit and dental chair. The practice had a designated decontamination room for instrument processing. Staff demonstrated the process followed from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a system designed to minimise the risks of infection.

We observed that instruments for cleaning were transported in a designated box to the decontamination room where they were soaked for 10 minutes and then placed into an ultrasonic bath with non-ammoniated solution for 15 minutes. They were then rinsed and inspected under light and put onto trays for sterilisation in an autoclave with distilled water. When instruments had been sterilised they were placed in a designated clean box until use. We observed that clean instruments in the treatment area were stored at the recommended distance from aerosol re-contamination. There were adequate numbers of instruments for each clinical session to take account of the decontamination process. Appropriate personal protective equipment such as gloves, aprons and eye protection was available for staff and patient use.

There were systems in place to monitor the efficiency of the decontamination equipment. These included an automatic control test and steam penetration tests for the autoclave and foil tests for the ultrasonic cleaning bath. It was observed that the data sheets used to record daily validation checks were complete and up to date.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described by the dental nurses was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been

Are services safe?

carried out by an appropriate contractor in June 2013, to determine if there were any risks associated with the plumbing at the premises. However, we noted that the legionella risk assessment was due for review by 25 June 2015 but had yet to be completed. Following the inspection we were informed that this had been arranged.

The practice had a contracted cleaner to carry out more general cleaning of the premises. There was an environment cleaning schedule in place; however this did not detail the cleaning tasks. We observed that cleaning equipment took into account national guidance on colour coding to prevent the risk and spread of infection. We were told that any hygiene issues were communicated to the contractor to ensure schedules were being effectively followed.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health (DoH). For example, we observed that sharps containers, clinical waste bags and general waste were properly and securely stored. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

Equipment and medicines

We found the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that fire equipment had been inspected and serviced in November 2014 and the pressure levels of the dental air compressor had been measured in January 2014 and were valid for two years. We saw that service reports for the ultrasonic and autoclave equipment used for the decontamination of dental instruments were under service contract until January 2016. Portable appliance testing (PAT) had been completed in accordance with best practice guidance in January 2015. (PAT is the name of a process during which electrical appliances are routinely checked for safety). We noted that the gas boiler had been serviced in May 2014 but the annual service in 2015 had yet to be completed. We were advised after the inspection that this had been arranged.

The practice only kept medicines for use in a medical emergency and these were checked and found to be in date. Oxygen cylinder for use in a medical emergency was regularly monitored to ensure it was in working order.

Radiography (X-rays)

There was a separate room that housed an Orthopantomogram (OPG) unit. (OPG is a panoramic scanning dental X-ray of the upper and lower jaw). At the time of our inspection dental x-rays were not performed at the practice as the OPG was out of service awaiting replacement. We were told that the OPG had not been used for approximately one year as there was a problem with the rotating mechanism which meant that the machine did not rotate. Instead patients travelled to the Northwood site for all OPG imaging.

The practice had a named Radiation Protection Adviser (RPA) and a Radiation Protection Supervisor (RPS) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR ME R). There was a radiation protection file in line with these regulations. Those authorised to carry out X-ray procedure were named in the documentation and records held confirmed that they had attended radiation protection training and that this was in date. A radiation safety and performance survey of the x-ray equipment had last been conducted in June 2014 by the RPS. We were told that a survey had not been completed in June 2015 due to the x-ray machine being out of service.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

When patients attended the practice for an orthodontic consultation we were told they received a thorough assessment of their dental health needs completed in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC). For patients under 18 years of age this included an assessment to identify if they met the criteria for free NHS treatment based upon the national index of treatment need (IOTN). (The IOTN is a national system in which patients are graded according to orthodontic need. Patients with a specifically defined score were eligible for free NHS treatment).

The practice kept electronic and paper records of the dental care provided to patients. During the course of our inspection we checked 15 dental care records to confirm the findings. Paper records included personal information about the patient's dental history, previous orthodontic treatment, medical history and known allergies. Consent to treatment forms signed by the patient or their guardian were in place for private and NHS patients. These forms included the risks and limitations of orthodontic treatment and for private patients included treatment costs.

Electronic records documented clinical assessments undertaken, course of treatment provided, including the type of orthodontic brace fitted, adjustments made and treatment progression. However, we observed variations in the record keeping detail by individual orthodontists. We saw for example, that some records documented that gum health and soft tissue examination had been undertaken, medical history checked, x-rays justified and reported upon and consent confirmed. However, other electronic records did not always reflect this, with some or all of these details not recorded. We noted that a 'full assessment' in some records was documented but did not refer to what this had included.

Patients and their parents we spoke with and Care Quality Commission Comment (CQC) comment cards completed, confirmed that they were satisfied with the care and treatment received and with the information provided by the practice.

Health promotion & prevention

The waiting room and reception area displayed information that explained the services offered at the practice and provided health advice to patients. There was a range of dental products available to purchase at the reception desk. The orthodontist and dental nurses we spoke with confirmed that adults and children attending the practice were advised during their consultation of the steps to take to maintain healthy teeth and gums during their orthodontic treatment. An oral health information video was available in the waiting area for patients to watch after their brace was fitted, however at the time of the inspection this was not currently viewable. Patients and their parents we spoke with confirmed that they received oral health advice to follow during the course of orthodontic treatment.

Staffing

Staff received an induction when they began work at the practice which ensured they were aware of relevant procedures and policies. The practice had identified key staff training including infection control, safeguarding of vulnerable adults and children and basic life support. Staff we spoke with told us they were clear about their roles and responsibilities, that they had access to the practice policies and procedures and were supported to attend training courses appropriate to the work they performed.

Working with other services

When patients had more complex dental issues, the orthodontists made referrals to other specialist dental healthcare providers. We saw evidence that documented communication between the patients' general dental care provider and the practice was retained as part of the paper dental care record.

Consent to care and treatment

Clinical staff we spoke with described how consent was sought for all care and treatment. This included the assessment of patients' understanding of the orthodontic treatment, anticipated treatment duration and the commitment required to maximise good outcomes. It also included Gillick competency assessment of patients under the age of 16 years who may attend orthodontic appointments during the course of their treatment, without a parent present. (Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff we spoke with demonstrated some

Are services effective?

(for example, treatment is effective)

understanding of the requirements of the Mental Capacity Act (2005). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Patients and their parents we spoke with confirmed that they were provided with the relevant information and time to make informed decisions about the treatment they wanted and give their consent. Dental care records we checked demonstrated that written consent was given prior to treatment commencement. This also included consent to payment costs for patients who did not qualify for free NHS orthodontic treatment. Signed consent forms were held as part of a patient's paper dental care record. Electronic patient records we reviewed showed that a record of consent was not consistently documented.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeted patients and their families in a kind, friendly and welcoming way and were respectful to all. We spoke with four families with children that were attending appointments on the day and they confirmed that staff were welcoming and helpful. They told us the orthodontists and all staff were caring, and that they were treated with courtesy and kindness. They told us they were happy with the care and treatment they or their child had received. Nobody commented negatively about the privacy maintained at the practice or that the treatment room was open plan.

We reviewed eight Care Quality Commission (CQC) comment cards completed by patients. All of the comments were very positive with some describing the service as an excellent experience, carried out by helpful and professional staff. Several references were made to the reassuring way the orthodontists treated young patients and their skilfulness at putting patients at ease.

We saw that clinical records stored electronically were regularly backed up to secure storage. Paper records were kept securely but were not scanned into the electronic patient record. An information governance policy and confidentiality policy was in place which set out the guidance to be followed by the practice team.

We observed the interaction between staff and patients and found that privacy was respected and confidentiality was maintained. The reception desk and waiting area were segregated which assisted in conversation not being overheard.

Involvement in decisions about care and treatment

Patients and their families told us that they had been well informed on each visit. They told us they had been given good explanation about their treatment and treatment options. This included treatment waiting time, treatment length and where applicable cost of independent and private treatment. We saw that a number of information resources that described the types of orthodontic appliances available were exhibited to assist patients in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice leaflet and website explained the range of orthodontic treatment options offered to patients. These included different types of orthodontic appliances. The practice undertook NHS orthodontic treatment to patients under 18 years of age who met the criteria set out in the NHS index of treatment need (IOTN) and also offered independent and private treatment. Costs of fee paying treatments were explained during the patient's consultation.

A waiting list for NHS orthodontic treatment was maintained by the practice which was approximately between three to four years. Patients referred and accepted for NHS orthodontic treatment were advised of the waiting list time for treatment commencement and were offered alternative arrangements when required. For example, where the waiting list may be shorter at one of the other practice sites.

Patient appointments were time allocated according to the planned procedure with longer appointments made for new orthodontic brace fittings and shorter appointments for brace removal and adjustment. Patients in full time education were provided with a confirmation of dental appointment attendance slip for presentation to their educational establishment. Patients were encouraged to bring their school timetable so that follow-up appointments could be arranged at a convenient time. A failed appointment policy was in place which explained that treatment would be terminated following three failed appointments.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice had recognised the needs of different patient groups and met some of the requirements. The practice was partly accessible to wheelchair users but the treatment area was only accessible by four stair steps. The practice told us that where this would be difficult for patient's an alternative appointment would be offered at one of their other sites, where all areas were at ground floor level. There were no formal translation systems in place where language may be a barrier. Staff told us any patients who had English as their second language attended with relatives who interpreted for them. During our conversations with families attending the practice, we spoke with one young patient who acted as interpreter to their accompanying parent so that their viewpoint could be expressed.

Access to the service

The practice opening hours were Mondays to Thursdays from 08.00 am to 5.00 pm and closed for lunch between 1.00 pm to 2.00 pm. Appointment times were from 08.00 am to 12.00 pm alternate Mondays; 08.00 am to 12.00 Tuesdays; 2.00 pm to 5.00 pm alternate Wednesdays and 08.00 am to 4.00 pm Thursdays. We noted that the practice opening and appointment times were not those reflected in the practice information leaflet or on the practice website. When the practice was closed patients were directed to the dental triage line or NHS 111 telephone contact numbers.

We were told that arrangements were in place to offer same day urgent appointments and where these could not be accommodated at the practice, appointments at the other practice sites were offered. In the event that the practice had to cancel appointments additional slots were added to the orthodontist patient list on alternative days.

Families and patients we spoke with were satisfied with the appointment system and convenience of the practice location. However some commented about the inconvenience of having to travel to the Northwood practice for X-rays to be taken.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. There was a complaints policy (NHS Treatment) which described the time scales in which the complaint would be acknowledged and aimed to be investigated by. There was a designated responsible person who handled all complaints in the practice. We noted that the complaints policy had not been updated to reflect the changes in practice management or commissioning services and included some outdated contact details.

We were advised by the newly appointed practice manager that no formal complaints had been received in the last year. We observed that a documented process for the recording of formal and informal complaints was required to be completed.

Are services well-led?

Our findings

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. The principal orthodontist provided clinical leadership and the practice manager was responsible for the day to day running of the service. There was a lead nurse for infection control and one of the orthodontists was the lead for safeguarding. Staff we spoke were all clear about their own roles and responsibilities.

The practice had implemented arrangements for identifying, recording and management of risks.

The practice carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. These included infection prevention and control, information governance, health and safety and staff recruitment.

The practice held monthly meetings with clinical and administration staff from the other two practice sites during which governance arrangements were discussed. This included when policies had been updated and when any changes had been made to operational practice. We saw for example that a checklist of surgery and reception tasks had been implemented following discussion by staff at one of the team meetings.

Leadership, openness and transparency

The culture of the practice encourages candour, openness and honesty. The practice had a statement of purpose which outlined their aims and objectives and gave details of the standards of care the practice was committed to. Staff told us that there was an open culture within the practice and that the management team were approachable to discuss any issues or concerns. They told us that they felt valued and supported and were proud to work at the practice.

Learning and improvement

Clinical staff undertook annual appraisal to identify areas for personal and professional development.

Staff we spoke with told us they felt valued and well supported by the principal orthodontist to meet their professional development needs. They told us that they had good access to training and were encouraged to access specialist training courses. One of the practice nurses was due to commence a diploma in orthodontic therapy and another had undertaken a dental radiography course funded by the practice. The practice funded online continuous professional development (CPD) accredited courses for their staff.

There was evidence that the practice audited areas of their practise as part of a system of improvement and learning. However it was unclear when audits were due to be repeated. Records demonstrated that a general infection control audit had been completed by the practice in March 2015 and that an audit of their decontamination processes had been conducted in June 2015.

The practice undertook internal peer assessment rating (PAR) to monitor treatment outcomes for patients. PAR measures the pre-treatment and post-treatment plaster cast models of the teeth, to calculate the degree of improvement achieved as a result of orthodontic treatment. We were shown data submitted to NHS England which demonstrated that a PAR score had been taken for 53% of completed NHS patient treatments in the last year. We did not see evidence of any dental care record audits undertaken. During our inspection we checked a sample of 15 dental care records to confirm our findings and found variations in the record keeping for these patients.

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

The practice gathered feedback from patients through the use of patient satisfaction surveys and the NHS Friends and Family Test (FFT) comments and suggestions and complaints. We were told that the last patient satisfaction survey was undertaken in December 2014 but the results had not been formally collated due to the resignation of the previous practice manager. The newly appointed practice manager told us that the patient satisfaction survey was planned to be implemented every six months. Feedback from the FTT for the period April 2015 showed that 75% of respondents indicated that they would recommend the practice. There was no data breakdown available for May 2015 and June 2015 as there were very few responses received.

The practice had received some negative feedback from patients who had to travel to the Northwood site to have X-rays taken. The practice manager told us that they were currently progressing replacement of the broken x-ray equipment.

Are services well-led?

Staff we spoke with described an open culture where feedback between staff was encouraged in order to improve the quality of the care.