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# Orthodontics Exclusively

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 23 March 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 that this practice was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

### **Background**

Orthodontics Exclusively is an orthodontic dental practice which provides treatment under the NHS or privately. The practice is located in the Acocks Green area of Birmingham and is situated on the ground and first floor of a converted building. The practice has a reception and separate waiting room, two treatment rooms, an oral health education room, X-ray room and a decontamination room. The practice's opening hours are: Monday 9am to 6pm, Tuesday and Thursday 9am to 5pm, Wednesday 9am to 1pm and Friday and Saturday by appointment only. The practice closes for lunch from 1 pm to 2 pm.

Orthodontics Exclusively has two part time orthodontists; one orthodontic therapist, a head dental nurse, two trainee dental nurses and a practice manager. The principal orthodontist is registered with the Care Quality Commission (CQC) as an individual. 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.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received feedback from 29 patients who provided an

# Summary of findings

overwhelmingly positive view of the service the practice provides. All of the patients commented that the quality of care was very good and that staff were helpful and informative.

## **Our key findings were:**

- There were systems in place to record accidents, significant events and complaints, and learning points were identified and were shared with staff.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients spoke positively about their experiences of the orthodontic services they received.
- Patients said they were treated with dignity and respect and their confidentiality was maintained.
- Patients were involved in discussions about their care and treatment.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies.
- There were training opportunities for staff which allowed professional development within their role.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the practice.

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

- Review the practice's whistle blowing policy to ensure staff are provided with information about how to raise concerns both internally and with identified external agencies.

# 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.

Systems were in place for recording significant events and accidents. Staff were aware of the procedure to follow to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff had received training in safeguarding vulnerable adults and children. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters.

Medicines for use in an emergency were available on the premises as detailed in the guidance on emergency medicines set out in the British National Formulary (BNF). Emergency medical equipment was also available and documentation demonstrated that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Staff had received training in responding to a medical emergency.

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

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were carried out in accordance with published guidance. Equipment was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly.

### **Are services effective?**

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

All patients were clinically assessed by an orthodontist before any treatment began using the index of orthodontic treatment need. Patients completed a health questionnaire which was reviewed and updated at every appointment. Patients were asked to watch a film showing them how to maintain oral hygiene whilst wearing a brace and were given the opportunity to ask questions about orthodontic procedures.

Staff received professional training and development appropriate to their roles and learning needs. Qualified staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

The practice recorded patients' consent before any treatment was started. Where the patient was a child, parental consent was also obtained.

### **Are services caring?**

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

There were systems in place to help maintain patient confidentiality. Staff we spoke with were aware of the importance of confidentiality and were able to demonstrate how they achieved this. The waiting area was in a separate area to the reception desk and we were told that there was a separate area for discussions of a private nature.

Feedback from patients was positive. Patients said they received good orthodontic treatment and they were involved in discussions about their orthodontic care. Patients praised the staff and commented that they were professional, friendly and helpful.

# Summary of findings

## **Are services responsive to people's needs?**

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

Patients had good access to treatment and urgent care when required. Patients said they had no problem getting an appointment.

The practice had ground floor reception, waiting room and toilet which had been adapted to meet the needs of patients with a disability. Treatment rooms and the oral health education room were on the first floor. Alternative arrangements were in place for patients with restricted mobility.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference

## **Are services well-led?**

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

There were good governance arrangements and a clear management structure. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

Regular staff meetings were held and systems were in place to ensure all staff who were unable to attend the meeting received an update about topics of discussion. Staff told us they felt well supported enjoyed working at the practice and felt part of a team. Staff said that they could raise any issues or concerns with the provider.

The practice used regular clinical audit to highlight and improve areas of practice.

# Orthodontics Exclusively

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 23 March 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; and the details of the staff members, their qualifications and proof of registration with their professional bodies.

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

During the inspection we spoke with five members of staff. We reviewed policies, procedures and other documents. We received feedback from 29 patients about the dental service.

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

Significant event, accident and incident policy documents and reporting forms were available and staff spoken with were aware where this information was kept. The practice did not have a specific significant event log but individual forms were available regarding, for example, fire and safeguarding. We were told that there had been no significant events at the practice. We spoke with the head dental nurse and they were aware of what would be classed as a significant event and the reporting procedures in place at the practice. We were told that significant events would be discussed at staff meetings.

We discussed the reporting of injuries, diseases or dangerous occurrences (RIDDOR). We saw that guidance for staff about reporting under RIDDOR was available in the form of a flow chart on display in the reception. Staff spoken with said that systems were in place to report under RIDDOR regulations, protocols were available in the reception office and staff were aware of the action to take. There had been no incidents to report under RIDDOR regulations.

Accident books were available for staff to complete as required. Once completed staff accident forms would be kept on their personnel file and patient accident forms would be kept on their dental care records. We saw that risk assessments were completed following any accident and action taken to reduce the risk of the accident reoccurring.

We saw that Medicines and Healthcare products Regulatory Agency alerts regarding patient safety were received at the practice via email. We were told that those relevant to the practice would be printed off and copies given to staff for discussions at staff meetings.

### Reliable safety systems and processes (including safeguarding)

The practice manager acted as the practice's safeguarding lead and was the point of referral should members of staff encounter a child or adult safeguarding issue. A detailed safeguarding folder was available for staff to refer to. This folder contained contact details for the local authority responsible for the investigation of safeguarding concerns, a child protection policy and adult safeguarding policy.

There was also a flow chart for safeguarding action and event record sheets. As the majority of patients at this practice were children a letter format to enable staff to contact health visitors and children's social care inter agency referral forms was available. Staff had signed a document to confirm that they had read the contents of the safeguarding folder.

Staff were aware how to raise a safeguarding concern and who within the practice was the safeguarding lead. We saw that all staff had completed the appropriate level of safeguarding training. We were told that there had been no safeguarding issues to report.

We spoke to staff about the prevention of sharps injuries which could be caused by orthodontic wires. We were told that used wires would be disposed of in sharps bins which were located out of reach of children. We saw that a sharps injury poster was on display in the decontamination room. We saw that there was a specific risk assessment regarding hand pieces and burrs. The practice was complying with the Health and Safety Sharp Instruments in Healthcare Regulations 2013.

### Medical emergencies

Arrangements were in place to deal with medical emergencies. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice.

The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. There was an automated external defibrillator (AED) (a portable electronic device that analyses life-threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Staff had received training in how to use this equipment on an annual basis. The emergency medicines and equipment were all in date and stored in central locations known to all staff. The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly.

# Are services safe?

We saw that one emergency medicine which would have a reduced shelf life if stored outside the fridge was being stored in the emergency medicines kit. We informed the head dental nurse of this and the expiry date was amended during our inspection.

We saw that two first aid kits were available which contained some equipment for use in treating minor injuries. We were told that the practice manager had completed first aid training; evidence to demonstrate the date of this was not available on the premises at the time of our inspection. Following this inspection we were sent a copy of the training certificate to demonstrate that the practice manager had completed this training. All equipment within the first aid boxes was being checked by staff on a regular basis and all were within their expiry dates.

## **Staff recruitment**

We discussed staff recruitment with the head dental nurse and looked at four staff recruitment files. We saw that staff recruitment files contained pre-employment information such as written references, proof of identity and their curriculum vitae. Information was available regarding the immunisation status for each member of staff and details of their registration with their professional body. Robust systems were in place to ensure that appropriate pre-employment checks were undertaken for all staff prior to employment. We were told that all staff had disclosure and barring service checks (DBS). We saw reference numbers to confirm that these checks had been completed. These 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.

There were enough staff to support the orthodontists and orthodontic therapist during patient treatment. Staff said that they had to book annual leave in advance. Any unplanned absences of dental nurses would be covered by agency staff. Orthodontic appointments would be re-scheduled or fitted into the day's list if possible. Sufficient numbers of staff were on duty to ensure that the reception area was not left unstaffed at any time.

## **Monitoring health & safety and responding to risks**

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a pregnant and nursing mother, trainee dental nurse, steep stairs and general practice risk assessment.

A fire risk assessment was completed in January 2016 and some action had been taken to address issues identified. For example new fire extinguishers had been purchased. We were told that quotes had been obtained for fitting emergency lighting and this was to be completed before June 2016. We saw evidence that some staff had undertaken risk assessment training which enabled them to undertake risk assessments at the practice. A well-maintained Control of Substances Hazardous to Health (COSHH) file was available which contained chemical safety data sheets for products used within the practice.

We viewed evidence in relation to fire safety checks; hazardous waste, portable appliance testing and bodily fluids spill kits which showed that the practice maintained a safe environment for staff and patients. A health and safety and fire policy was available to staff and a health and safety at work poster was on display in the reception. We saw that fire safety checks were undertaken on a weekly or monthly basis as necessary. An external agency provided fire protection equipment servicing. We saw that staff had undertaken fire drills on a six monthly basis.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection within the practice. A review of practice protocols showed that Health Technical Memorandum 01-05 best practice requirements for infection control were being met (HTM 01-05 is the Department of Health's guidance on decontamination in primary care dental practices).

Staff had signed a document to confirm that they had read the practice's infection control policy. The head dental nurse had been identified as the infection control lead and all staff spoken with were aware of this. We saw evidence that all staff had undertaken infection prevention and control training. Infection prevention and control audits were being completed on a six monthly basis. An action plan had been developed following the most recent audit

## Are services safe?

of January 2016. We saw that clinical areas were clean, tidy and free from clutter. Sufficient amounts of personal protective equipment (PPE) were available for patients and staff.

We were told that all cleaning throughout the building was carried out daily by the dental nurses. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises thus ensuring that equipment used for cleaning was specific to the area that was being cleaned. We saw a copy of the practice's cleaning policy, protocol and checklist which staff were to complete.

The dental treatment rooms, waiting and reception areas and toilets we saw were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in the decontamination, treatment rooms and toilets. Bare below the elbow working was observed. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice had a waterline management scheme and the head dental nurse described the checks made to ensure that the management scheme was implemented. Methods used were in line with up to date HTM 01 05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor in 2012. Evidence was available to demonstrate that all actions identified had been completed. Quarterly water samples were taken by a specialist company and the practice were undertaking weekly temperature checks on all of their water outlets. The principle orthodontist confirmed that a further legionella risk assessment would be undertaken in the near future. These measures ensured that patients and staff were protected from the risk of infection due to Legionella. Following the inspection we received a copy of a quotation from a company regarding completion of a legionella risk assessment at the practice.

The dental nurse described the decontamination process 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 well-defined system of zoning from dirty through to clean.

The practice had a separate decontamination room. Used equipment was passed through to the dirty area of the room from a hatch in the treatment room. Instrument transportation systems ensured the safe movement of instruments between treatment rooms and the decontamination room, minimising the risk of contamination. Staff used an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifier and then sterilised in an autoclave (a machine used to sterilise instruments). When instruments had been sterilised, they were pouched and stored appropriately until required in the treatment room. All pouches were dated with an expiry date in accordance with guidelines.

There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted. Staff wore appropriate personal protective equipment during the decontamination process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear.

The dental nurse described how they ensured the autoclaves and ultra-sonic cleaner used in the decontamination process were working effectively. These included the various daily and weekly checks. We were shown the records of these tests; they were always complete and up to date.

The segregation and storage of dental waste was in line with guidance laid down by the Department of Health. We observed that clinical waste bags and municipal waste were properly maintained and this was in accordance with guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked location prior to collection by the waste contractor. Waste consignment notices were available for inspection. We were told that a monthly hazardous waste audit was completed. Patients could be assured that they were protected from the risk of infection from contaminated dental waste.

### **Equipment and medicines**

The practice had a comprehensive equipment log which included details of maintenance contracts, service reports,



# Are services safe?

faults and repairs of equipment. Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave and X-ray sets. We saw that portable electrical appliances tests (PAT) had been carried out in March 2015 and we were told that a further check had been completed the day before our inspection.

Glucagon is an emergency drug that is used to treat diabetics with low blood sugar. It needs to be stored between two and eight degrees Celsius in order to be effective until the expiry date. If stored at room temperature it is only effective for 18 months from the date the medicine was issued to the practice. We found that although this medication was being stored appropriately at room temperature, the amendment to the expiry date had not been made to account for the fact that it was not stored in the fridge. We raised the concern with the head dental nurse, who immediately amended the expiry date.

## **Radiography (X-rays)**

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor to ensure that equipment was operated safely and by qualified staff only. This was in accordance with the Ionising Radiation

Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation file was available which contained a record of X-ray equipment including service and maintenance. A copy of the local rules was on display and appropriate signage was in place on the door where the X-ray set was located. Staff were unable to find a copy of the ionising radiation notification to the Health and Safety Executive (HSE). This is a requirement of Regulation 6 of the Ionising Radiation Regulations 1999 (IRR1999). Following the inspection we received a copy of the confirmation from the HSE that they had been notified.

A copy of the most recent radiological audit was available for inspection this was completed in January 2016. This included assessing the quality of X-rays which had been taken. Dental care records where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured every time. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held dental care records for each patient. They contained information about the assessment and treatment options and any costs involved. Discussions held with patients were recorded. Records showed that treatments were discussed with the patient and their parent (if they were a child) and they were shown photographs, models and given written information to enable them make a decision about their treatment.

Patients at the practice completed medical history information using the practice's Digi pad. This information was reviewed and updated at every visit. The Digi pad was linked to the practice's computer system and enabled the orthodontist to immediately check the updated information. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

We saw orthodontists used the index of orthodontic treatment need (IOTN) to base treatments and develop treatment plans (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).

### Health promotion & prevention

The practice had a waiting room with information for patients. Patients were shown a DVD about orthodontic appliances and how to care for your teeth whilst wearing one. We were told that the practice was introducing a care book for autistic children which explained treatment using pictures and colour coding. We were told that oral hygiene was closely monitored and we saw that free samples of toothpaste were available. Patients were requested to bring their toothbrush to each appointment. This enabled staff to give advice on tooth brushing techniques where required.

An oral hygiene clinic took place twice per month. During this clinic a dental nurse gave advice to children about tooth cleaning and oral hygiene as good hygiene is crucial in orthodontic treatment. Patients also watched a film about oral hygiene. Dental goody bags were given to all who attended. A nominal fee was charged for this clinic.

### Staffing

The practice had two part time orthodontists; one orthodontic therapist, a head dental nurse, two trainee dental nurses and a practice manager. We reviewed the recruitment files of all staff who worked at the practice. We found that all dental care professional staff were up to date with their professional registration with the General Dental Council (GDC). Copies of certificates and continuous professional development (CPD) logs were available. CPD is a compulsory requirement of registration with the GDC. The head dental nurse told us that they monitored CPD logs and offered advice and support to ensure staff met their CPD requirements. Orthodontists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period. Staff had access to on-line training as well as external courses provided by the West Midlands Deanery. Examples of training completed included: basic life support, radiography (X-rays), safeguarding and infection control.

We were told that annual appraisal meetings took place. We saw appraisal documentation in some staff files. However, not all documentation had been dated or fully completed. Personal development plans were also available. We were told that appraisals were in the process of being completed for 2016 but consideration was being given to changing the appraisal process and documentation used. Following the inspection we were sent a copy of a newly developed appraisal policy which recorded the requirements and responsibilities of the appraisal process.

### Working with other services

The practice had systems in place to refer patients to other dental practices or specialists such as the Birmingham Dental Hospital for complex orthodontic cases. Copies of referral letters were kept on patient notes. The records at the practice showed that referrals were made in a timely way.

### Consent to care and treatment

We saw documentation to demonstrate that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. The practice had a consent policy which made reference to the Mental Capacity Act (MCA) Staff we spoke with understood the principles of the MCA and how it was relevant to ensuring patients had the

# Are services effective?

(for example, treatment is effective)

capacity to consent to dental treatment. There were no recent examples of patients where a mental capacity assessment or best interest decision was needed. (The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions).

The principal orthodontist was also aware of Gillick competency in young patients. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Copies of training certificates were emailed to us to demonstrate that all staff had undertaken MCA training.

We saw that patients were given appropriate verbal and written information to support them to make decisions about the treatment they received and were given time to consider treatment options. Staff ensured patients gave their consent before treatment began. This involved verbal consent from patients who were children followed by written consent from their parent or guardian. Consent forms made patients aware of any potential risks associated with treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We discussed confidentiality with the head dental nurse and looked at the practice's confidentiality policy. We saw that staff had signed a document to confirm that they had read and agreed to work in accordance with the confidentiality policy. Staff had also completed information governance training.

We saw that the layout of the reception area enabled confidential discussions to be held at reception desk which would not be heard by people in the separate waiting room. We saw that there were two treatment rooms on the first floor. The majority of orthodontic treatments were conducted in the main treatment room which had three dental chairs. We were told that two orthodontic clinicians plus dental nurses worked in this room at the same time. Practice staff encouraged patients to talk to each other about their experience of orthodontic treatments and patients were asked if they agreed to have new patients watch their treatment. Staff told us that they took their time with anxious patients and tried to make them feel at ease. Patients were shown a video of what to expect and how to look after their teeth. Staff said that when patients were anxious, their parents were able to accompany the child in the treatment room.

29 patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection. The information from patients was very positive. Patients were positive about their experience and they commented that they were treated with care, respect and dignity.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

We spoke with the principal orthodontist about how they involve patients in decisions about care and treatment. We were told that everything was explained to the patient (usually a child) and their parent. We were told that treatment decisions were always made by the child. We saw that pictures, leaflets DVDs were used to provide information to patients. Comprehensive notes were kept about discussions. Leaflets were available in the waiting room giving information about treatments and patients were given consent forms to take home, consider their treatment and then bring back to the practice. Patients had sufficient time to consider their options as all patients were put on a waiting list before treatment commenced.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice, patient information leaflets, details of NHS and private fees, how to provide feedback to the practice and the complaints procedure. When new to the practice, all patients were asked to watch a video regarding orthodontic appliances and how to look after your teeth whilst wearing a brace. A private oral hygiene clinic was provided where patients were shown in small groups how to look after their teeth, demonstrate brushing, shown educational videos and given 'goody bags' which contained dental hygiene products.

Patient feedback confirmed that the practice was providing a service that met their needs and that they were rarely left waiting past their appointment times. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent appointments and patients in pain caused by their brace would be seen within 24 hours.

### Tackling inequity and promoting equality

The practice had policies on disability and equal opportunities to support staff in understanding and meeting the needs of patients. Staff we spoke with were aware of these policies. There was access into the building via a portable ramp which could be used at the main entrance and a toilet on the ground floor which was accessible to patients in a wheelchair. However access to the treatment room which was on the first floor was via steps. A disability audit had not taken place to assess whether any improvements could be made regarding access to the service. We were told that where necessary patients would be referred to the orthodontic clinic in Harbourne which has disabled access to the practice and treatment rooms.

The practice did not have a hearing induction loop or information in Braille. We were told that the majority of patients at the practice were children who were accompanied by a parent or guardian. Staff said that they had not had a difficulties communicating with patients and there were very few patients who were hard of hearing or who had visual impairments. Staff told us that they had very few patients who were not able to converse confidently in English. However the practice had access to an interpretation service if required.

### Access to the service

The practice displayed its opening hours in the premises and on the practice website. The practice was open on Monday to Thursday from 9am. Closing times varied from 6pm on Monday, 5pm on Tuesday and Thursday and 1pm on Wednesday. The practice closed for lunch from 1pm until 2pm. We were told that patients who were in pain due to their brace would be given an appointment within 24 hours of their initial request.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that staff were accommodating regarding appointment times

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. A member of staff had been named as the lead for complaints and all staff spoken with were knowledgeable about how to handle and complaint and who they should report any complaints to within the practice. A copy of the complaints policy was on display in the reception area. Two complaints had been received at the practice within the past 12 months both of which had been responded to. Details of these complaints were kept in a complaint file. Detailed responses were sent to complainants and apologies given. We were told that if there was any learning from a complaint this would be discussed at practice meetings. We saw from the minutes of the staff meeting held on 2 March 2016 that complaints had been discussed and learning points identified.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. Governance arrangements in place helped to ensure risks were identified, understood and managed appropriately. For example risk management processes regarding hand piece injury, pregnant worker, trainee dental nurse and a risk assessment regarding the stairs at the practice. These helped to ensure the safety of patients and staff members. We saw evidence to demonstrate that staff had completed training regarding risk assessments in March 2016.

The principal orthodontist was in charge of the day to day running of the practice. Lead roles had been delegated to staff, for example infection control, complaints management and safeguarding. Staff we spoke with were aware of their roles and responsibilities and were aware who held any lead roles within the practice.

We saw a number of policies and procedures which covered a wide range of topics. Staff had signed documentation regarding some of the practice's policies to confirm that they had read and understood the policies and procedures. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

### Leadership, openness and transparency

The culture of the practice was open and supportive. Staff told us that they all worked as part of a team and felt valued. We were told that there were good lines of communication with the management. Practice meetings were held once per fortnight and minutes were taken to enable those staff unable to attend to receive an update of discussions held. Staff said that they felt involved at the practice and were able to contribute ideas during practice meetings which were listened to and acted upon if appropriate. Staff said that they were encouraged to raise any issues and we were told that the principal orthodontist and practice manager were approachable and helpful.

The practice had a whistle blowing policy and staff spoken with were aware where this policy was kept. We saw that staff were encouraged to 'blow the whistle' on poor practices which puts patient's safety at risk or which compromises their care or dignity. The practice's policy

encouraged staff to report poor practice but did not give details of external independent organisations who would provide advice to staff. For example the Public Concern at Work or the General Dental Committee.

### Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training was completed through a variety of resources including external courses, e-learning and lunch and learn sessions. Staff confirmed that they were encouraged to undertake training and the principal orthodontist said that the ethos of the practice is that learning was paramount.

We found that clinical and non-clinical audits were taking place at the practice including infection control, hand hygiene, emergency procedures, health and safety, record keeping and X-ray quality. We saw that results from audits were looked at and commented on and if necessary actions would be implemented.

Practice meetings were held once per fortnight and were minuted. Staff said that they also held regular informal chats about how the practice is running and any changes required. We saw that discussions were held in relation to the results of satisfaction surveys and Friends and Family Test (FFT) results. Complaints received were also discussed unless they specifically related to one member of staff and we were told that private discussions would then be held with that staff member.

We were told that appraisal meetings had previously been held on an annual basis but these were overdue. We were told that appraisal meetings would be arranged as soon as possible.

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

The practice had an NHS Friends and Family (FFT) comment box. The responses within the box was analysed on a monthly basis. We saw a poster on display showing the December 2015 results. Comments made by patients were detailed on the poster and patients were thanked for their comments.

## Are services well-led?

Satisfaction surveys were also given out to patients. We saw that five surveys had been completed by patients over the ten days prior to the inspection. We were told that the results would be analysed once a sufficient amount of surveys had been returned.