

## Newbury Orthodontics Limited

# Newbury Orthodontic Centre

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 16 February 2017 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**

Newbury Orthodontics is a dental practice providing NHS and private orthodontic treatment for both adults and children. The practice is based in a converted domestic dwelling in Newbury, a town in Berkshire.

The practice has two dental treatment rooms which are based on the ground floor and a separate decontamination area used for cleaning, sterilising and packing dental instruments. The ground floor is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs three dentists, six nurses who also act as receptionists and a practice manager who is also a dental nurse.

The practice's opening hours are 8.40am-1pm and 2pm-6pm from Monday to Friday and 9am-1pm every three to four Saturdays.

There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service, via 111.

Mr. Wing Yeung Mak, the principal dentist, is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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 comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 19 patients. These provided a completely positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

We obtained the views of 16 patients on the day of our inspection.

## **Our key findings were:**

- We found that the practice ethos was to provide patient centred quality orthodontic care.
- Strong and effective clinical leadership was provided by the principal dentist who was supported by an empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were effective and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.

- Staff understood how to report incidents and keep records for shared learning.
- The orthodontists provided care in accordance with current professional guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the management team.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Consider the provision of an external name plate providing details of the dentists working at the practice including their General Dental Council (GDC) registration number, taking account of GDC guidance issued in March 2012.
- Review the NHS Choices and practice web sites along with the practice leaflet to ensure that information is kept up to date as far as possible

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

No action



### Are services effective?

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

The orthodontic care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice.

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

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs.

No action



### Are services caring?

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

We obtained the views of 19 patients before the inspection and 16 patients on the day of our visit. These provided a positive view of the service the practice provided.

All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

No action



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

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

The service was aware of the needs of the local population and took these into account in how the practice was run.

No action



# Summary of findings

Patients could access treatment and urgent and emergency care when required. The practice provided patients with access to telephone interpreter services when required. A hearing loop was available for patients who used a hearing aid.

The practice had two ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

## Are services well-led?

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

Effective leadership was provided by the principal dentist and an empowered practice manager. The clinicians and practice manager had an open approach to their work and shared a commitment to continually improving the service they provided.

There was a no blame culture in the practice. The practice had robust clinical governance and risk management structures in place.

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Staff told us that they felt well supported and could raise any concerns with the senior clinicians and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

**No action**



# Newbury Orthodontic Centre

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 16 February 2017. Our inspection was carried out by a lead inspector, a second inspector and a dental specialist adviser.

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.

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

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We obtained the views of five members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of 16 patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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

Staff we spoke with demonstrated a good awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff.

Records showed that five accidents occurred during 2015-16 and were managed in accordance with the practice's accident reporting policy.

We discussed with staff the action they would take if a significant incident occurred, they detailed a process that involved a discussion and feedback with any patient that might be involved. This indicated an understanding of their duty of candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with relevant members of staff.

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

We spoke to the lead dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. Due to the nature of the treatment provided by the practice, no local anaesthetic was used by the clinicians. Orthodontists were responsible for the disposal of wires and other sharps used in orthodontic treatment. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for

staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the treatment area that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had 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.

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 medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

### Staff recruitment

All of the dentists and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.



## Are services safe?

One member of staff had been recruited since the practice registered with the Care Quality Commission. We looked at this person's recruitment file and records confirmed they had been recruited in accordance with the practice's recruitment policy.

The systems and processes we saw were in line with the information required by regulations. Staff recruitment records were stored securely to protect the confidentiality of staff personal information.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to 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.

### 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 maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had in place a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. We noted that COSHH products were kept in the decontamination room and were not secure. We pointed this out to the principal dentist who undertook to address this shortfall as soon as practicably possible by ensuring all COSHH products were kept in a lockable hazardous materials storage unit.

### Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an effective infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control was being exceeded. It was observed that audits of infection control processes carried out in July 2016 and January 2017 confirmed compliance with HTM 01 05 guidelines.

We saw that the two dental treatment rooms, waiting area, reception and toilet were visibly 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 towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of a treatment room were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The lead dental nurse for decontamination described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

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); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in March 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. We noted that this room was not secure due to the room being on a fire escape route. We pointed this out to the principal dentist who has since provided us with a copy of a risk assessment pertaining to this.

The lead dental nurse demonstrated the 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.





## Are services safe?

The practice used an automated washer disinfectant for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. All tests for the validation of the washer disinfectant were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log file.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate secure location prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning equipment was stored in accordance with current national guidelines.

### Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in January 2017 and the automated washer disinfectant in October 2016. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations in February and September 2016 and were due to be tested again in 2019.

We noted that the gas safety certificate expired in August 2016. We pointed this out to the principal dentist who assured us that this would be addressed immediately. The practice provided us with a copy of the gas safety certificate which had been issued the day after our visit.

Portable appliance testing (PAT) had been carried out in June 2016.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid spillage.

### Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the local rules. The local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level.

We were shown that a radiological audit for each dentist had been carried out in between October and December 2016. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. 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 staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the orthodontists about the care provided at the practice; they carried out consultations, assessments and treatment in line with recognised general professional guidelines and the guidance provided by the British Orthodontic Society. They each described to us how they carried out their assessment of patients for a course of orthodontic treatment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by a detailed examination of the patients jaw and tooth relationships and the factors that affected these relationships. Following the clinical assessment, the diagnosis was then discussed with the patient, their parents, guardians or carers and treatment options explained in detail. Dental care records that were shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Where relevant, preventative dental information was given to improve the outcome of orthodontic treatment for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products specifically designed for orthodontic patients. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved if private orthodontic treatment had been proposed. Patients were monitored through follow-up appointments and these typically lasted between 18 months to two years for a course of orthodontic treatment.

To monitor the quality of the orthodontic treatment provided the practice used a system known as peer assessment rating or PAR scoring. The PAR index is a fast, simple and robust way of assessing the standard of orthodontic treatment that an individual provider is achieving. The practice was achieving a high level of improved outcomes for patients when judged by these PAR scores.

### Health promotion & prevention

The practice was highly focused on the prevention of dental disease and the maintenance of good oral health during the patients' course of orthodontic treatment. For example, following the first treatment session, staff would provide intensive oral hygiene instruction and details on how to look after the orthodontic braces to prevent problems during orthodontic treatment. Patients would then be given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due to the fitted braces.

### Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

We noted that the external name plate which detailed names of the dentists working at the practice did not include their General Dental Council (GDC) registration number in accordance with GDC guidance from March 2012. We were assured this would be rectified as soon as practicably possible.

All of the patients we asked told us they felt there was enough staff working at the practice. Staff told us there were enough staff. Staff we spoke with told us they felt supported by the dentist and practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice employed three dentists, six nurses who also acted as receptionists and a practice manager who was also a dental nurse.

There was a structured induction programme in place for new members of staff.

### Working with other services

The practice was a specialist referral practice for orthodontics for practices across the Newbury area as well as from the neighbouring counties of Wiltshire and Hampshire. The orthodontists would work with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.



# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

The orthodontists explained how the practice implemented the principles of informed consent; they had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs where appropriate were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they understood their treatment options. This included the extensive use of dental photography which was used as part of the initial patient assessment and throughout the course of the orthodontic treatment to provide a record of the progression of the treatment through to the final treatment outcome.

Staff we spoke with understood the concept of Gillick competence in respect of the care and treatment of children under 16 years old. Gillick competence 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 also understood the principles about how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.



## Are services caring?

### Our findings

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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed always when patients were with dentists.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored electronically and in paper format. Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the public.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of 19 patients prior to the day of our visit and 16 patients on the day of our visit. These provided a complete positive view of the service the practice provided. All of the patients commented that the dentists

were good at treating them with care and concern. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

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

The orthodontists explained patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the orthodontists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard orthodontic NHS treatment planning forms where applicable. Following the initial consultation and assessment with the clinician, patients were then given the opportunity to discuss the treatment plan to ensure that they fully understood the proposed treatment. This meeting offered the patient a further opportunity to ask questions and clarify any issue prior to the commencement of the course of treatment. This ensured that patients were given sufficient time to consider their options 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 patients. We saw that the practice waiting area displayed a wide variety of information including the list of dentists in the practice with their profiles, the out of hours' telephone number and information on how to make a complaint. The practice website also contained useful information to patients such as details about different types of orthodontic treatments and how to provide feedback on the services provided.

We observed that the appointment diaries were well organised and not overbooked. There was capacity each day for patients with orthodontic problems to be fitted into urgent slots for each orthodontist. Clinical staff decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other barriers that may hamper them from accessing services.

The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

To improve access for patients who found steps a barrier both treatment rooms were based on the ground floor and a ramp was available to use when required to negotiate the step leading to one of the treatment rooms.

The practice provided a hearing loop for patients who used a hearing aid.

### Access to the service

The practice's opening hours were between 8.40am-1pm and 2pm-6pm from Monday to Friday and 9am-1pm every three to four Saturdays.

We asked 16 patients if they were satisfied with the hours the surgery was open; all but one patient said yes. This

patient said opening hours were limited and they found very disruptive to have appointments so frequently during school hours. We spoke about this with the principal dentist who showed understanding and willingness to remedy this. They said they would discuss with the team whether they could support extended hours to accommodate those patients who required appointments outside of school hours.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed and the principal dentist gave out an emergency telephone number.

This information was publicised in the practice information booklet kept in the waiting area, NHS Choices website and on the telephone answering machine when the practice was closed. We noted there were discrepancies between the information available on the practice website, NHS Choices and the answer machine. The practice manager assured us they would address this as soon as practicably possible.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room, website and patient leaflet. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We asked 16 patients if they knew how to make a complaint if they had an issue and 14 said yes, one said no and one was not sure.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

For example, a complaint would be acknowledged within three working days and a full response would be given in 10 days. No complaints had been received since April 2016.



# Are services well-led?

## Our findings

### Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning and improvement. The governance arrangements for this location consisted of the practice manager who was responsible for the day to day running of the practice.

The practice maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the practice manager and principal dentist on a regular basis.

### Leadership, openness and transparency

Effective leadership was provided by the principal dentist and the empowered practice manager. The practice ethos focused on providing patient centred orthodontic care in a relaxed and friendly environment. The comment cards we saw reflected this approach.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice manager was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that all staff received an annual appraisal. There was a system of peer review in place to facilitate the learning and development needs of the dentists and dental nurses which took place on an annual basis.

We found there was a rolling programme of clinical audits taking place at the practice. These included infection control and X-ray quality. The audits demonstrated a comprehensive process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development.

The practice manager encouraged staff to carry out professional development wherever possible. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses.

The practice ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection prevention control, child protection and adult safeguarding and dental radiography (X-rays).

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

Results of the most recent practice survey carried out indicated that 98% of patients, who responded, said they would recommend the practice to a family member or friend.

As a result of patient feedback the practice provided extra parking space.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff told us that they had frequent meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements. For example, as a result of staff feedback the practice owner said they would investigate the air conditioning in the decontamination room.