

# Orthoscene Limited Sheffield 2

## Inspection Report

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## Ratings

### Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection of Sheffield 2 on the 21 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 this practice was providing caring services in accordance with the relevant regulations.

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

Sheffield 2 provides orthodontic services to NHS and private orthodontic patients. The treatments range from teeth whitening, fixed aesthetic braces to clear aligner treatments. The service is provided by two specialist

# Summary of findings

orthodontists who are supported by one orthodontic therapist, four nurses, two receptionists and a practice manager. The practice is located on the first floor of a multi-purpose business premises. There are four surgeries, an oral health education area, a reception area and a waiting room, with a patient toilet available on the lower ground floor. The practice is located close to local amenities and bus services. There is ample parking in the surrounding area. Opening hours are Monday and Thursday 9:00am to 5:30pm, Tuesday 9:00am to 6:30pm, Wednesday 8:00am to 4:30pm and Friday 8:00am to 3:00pm.

The practice manager 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 '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.

On the day of inspection we spoke with two patient's and their relatives who used the service and reviewed 32 CQC comment cards that had been completed by patients prior to the inspection. The patients and their relatives we spoke with were very positive about the care and

treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very friendly, kind, caring, understanding and they were always treated with dignity and respect.

## Our key findings were:

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). Information about care and treatment options and support was available to patients, for example information on the cost of treatment.
- Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients.

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

The practice had systems to assess and manage risks to patients, including infection prevention and control, recruitment, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. Staff told us they felt confident to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Radiation equipment was suitably sited and used by trained staff only. The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients medical histories were obtained before any treatment took place. The orthodontists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

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### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patient's received a comprehensive assessment of their orthodontic and dental needs. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

Staff understood the Mental Capacity Act 2005 and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16. Staff were supported to deliver effective care through training, peer support, practice manager meetings and practice meetings. The clinical staff were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration.

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### **Are services caring?**

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at CQC comment cards patients had completed prior to the inspection and spoke with patient's. Patient's and their relatives spoke highly of the care they received from the practice. They commented they were treated with, kindness, respect and dignity while they received treatment. Staff described to us how they ensured there was sufficient time to explain the care and treatment they were providing in a way patients understood. Patient's and their relatives confirmed they felt fully involved in their treatment, it was explained to them, they were listened to and not rushed.

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

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

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# Summary of findings

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The practice had an efficient appointment system in place to respond to patients' needs. The practice manager told us allocated emergency slots were available. Patients and their relatives commented they could access treatment for urgent and emergency care when required and were always seen within 24 hours. There were clear instructions for patient's requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how they managed complaints, for example patients were given an apology if an error was made.

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

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

There were effective systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice had an on-going patient survey which was reviewed monthly. Practice meetings were held to support communication about the quality and safety of the service. We viewed the minutes of the meetings which showed that governance was discussed openly and poor practice was challenged. There was a clear and effective leadership structure with named members of staff in lead roles at the head office to support staff within the practice.

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# Sheffield 2

## Detailed findings

### Background to this inspection

We inspected Sheffield 2 on the 21 July 2015. The inspection team consisted of a lead inspector and a specialist advisor.

We reviewed a range of information we held about the service for example Sheffield 2 website and notifications.

During the inspection we toured the premises, spoke with two orthodontists, two dental nurses, one orthodontist therapist, a receptionist and the practice manager. We spoke with two patients and their relatives. We observed positive communication and interactions between staff and patients; both face to face and on the telephone within

the reception area. We reviewed 32 CQC comment cards where patients had shared their views and experiences of the practice. We also reviewed documents relating to the management of 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

The practice had clear guidance for staff about how to report incidents and accidents. Staff we spoke with were knowledgeable on how to report incidents. The practice manager told us that no incidents had been reported in the last 12 months. We saw there were appropriate systems in place should they occur. The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided to staff within the practice's health and safety policy.

The practice responded to patient safety alerts issued from the Medicines and Healthcare products Regulatory Authority (MHRA) that affected the dental profession.

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

The practice had a child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. All staff had undertaken level two safeguarding training. There was a system in place to alert staff to any patients who maybe at risk from abuse. At the time of our inspection no referrals had been made to the local authority. Although there was no lead safeguarding professional, staff we spoke with told us they were confident about raising any concerns with the managers.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Clinical staff had received training in the prevention and management of sharps injuries.

### Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received annual cardiopulmonary resuscitation (CPR) training in the last 12 months. There were two nominated first aiders who had received additional training to support them in this role.

The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Records showed weekly and monthly checks were carried out to ensure the equipment and emergency medicines were safe to use.

### Staff recruitment

The practice had a policy for the safe recruitment of staff. This included occupational health checks, professional registration, references, employment contracts and the immunisation status for staff. The policy did not include obtaining disclosure and barring service checks (DBS) to ensure staff were of good character. The practice manager told us that DBS checks were obtained and the policy would be amended to reflect this. We saw evidence that appropriate checks were undertaken and this included DBS checks for all staff. The practice had a system in place for monitoring professional registration and medical indemnity.

### 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 manager carried out health and safety checks every three months to assess risks to safety. Detailed health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, slips, trips and falls and Control of Substances Hazardous to Health 2002 (COSHH) regulations. The assessments included the risks identified and actions taken. We saw evidence that all staff received annual health and safety training.

The practice maintained a file relating to the COSHH regulations, including product safety information and risk assessments for all products used. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

### Infection control

# Are services safe?

There was an infection prevention and control (IPC) policy and procedures to keep patients safe. These included hand hygiene, personal protective equipment (PPE), needle stick injuries and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that were free from clutter and could be cleaned and disinfected between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. We saw both cleaning and deep cleaning schedules were in place to maintain effective cleanliness standards in clinical areas. There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE) for patient's and staff members. Many CQC comment cards cited that the treatment rooms were clean, hygienic and to a high standard of cleanliness.

Sharps bins were appropriately located, signed and dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in cleaning, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used a washer disinfectant for dirty instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. Instruments were packaged and stamped with a

use by date. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily and weekly quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in the last six months relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

The practice had undertaken an Infection Prevention Society audit in December 2014 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as autoclaves, pressure vessels, steam sterilisers, washer disinfectors and compressors, these were held at the head office. The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. Portable

# Are services safe?

appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). We saw evidence of validation of autoclaves and the washer disinfectant.

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

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were

suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed. Records showed that those authorised to carry out X-ray procedures had attended training.

X-ray audits were carried out every month. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed paper and electronic dental care records. They contained information about the patient's current orthodontic needs and past dental history. The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). Patient's were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure that the patient was complying with the post-orthodontic care (wearing retainers).

Once the patient and orthodontist were satisfied with the end result of the treatment the patient was referred back to their own general dentist for on-going dental care.

We reviewed three care records with the orthodontist and orthodontic therapist regarding the orthodontic assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the reason for referral, patients concerns, oral health and a full orthodontic assessment. Medical history checks were updated regularly by the patient or the parent/guardian. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

Signed consent was obtained for treatment which included the fee for the treatment if applicable. The proposed treatment was clearly written on the consent forms to ensure that the patient was giving valid consent. We saw evidence in the clinical records that different treatment options were discussed.

### Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure good oral health during their

orthodontic treatment. For example, the practice identified patient's at high risk of tooth decay to receive personalised oral health education with the oral health educator. This involved advice about diet, tooth brushing and the importance of maintaining good oral health whilst undertaking orthodontic treatment. Patient's were provided with information leaflets to reinforce the importance of maintaining good oral hygiene. Patients and their relatives we spoke with confirmed this.

In situations where a patient's oral hygiene continued to be poor the practice informed them that if it did not improve then orthodontic treatment would be stopped because of the high risk of irreversible damage to the teeth.

The practice also kept the patients own general dentist informed of any issues with poor oral hygiene so they could pay extra attention to the individual whilst they were undergoing orthodontic treatment.

The practice web site provided access to a range of patient information, these included care sheets on treatments. For example, retention information, removable appliance and fixed instruction care sheets.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. This also included shadowing an experienced member of the clinical team. Staff told us they had good access to training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going continuous professional development.

Mandatory training included basic life support, safeguarding, the mental capacity act, fire safety, information governance, health and safety and infection prevention and control. Records showed staff had completed this in the last 12 months. The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Staff told us the manager and the orthodontists were readily available to speak to at all times for support and advice. Staff had access to policies and procedures which contained information that further supported them in the

# Are services effective?

(for example, treatment is effective)

workplace. This included current dental guidance and good practice. Staff had annual appraisals and quarterly supervisions. The practice manager told us they had an open door policy for staff. Staff we spoke with confirmed this and told us they felt supported in their roles and had access to training.

## **Working with other services**

The practice worked mainly on referrals from general dentists. For example, referrals were received from general dentists who deemed patients in need of specialist orthodontic treatment. The practice kept copies of the referral letter received from the general dentist.

The practice completed detailed proformas to ensure the referring dentist was kept up to date with the progress of the patient's orthodontic treatment and if any general treatment was needed prior to orthodontic treatment commencing e.g. extractions or fillings. The patient was also given a copy of this letter to take to their own dentist.

If the patient had been assessed and were deemed to require extra specialisation then these patients were referred onto secondary care. Referrals were made in a timely way and letters were stored in the patient's paper records.

## **Consent to care and treatment**

Patients and their parents were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about the importance of involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had undertaken MCA training and they had an understanding of the principles of the MCA and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were provided with a leaflet about the risks and benefits of orthodontic treatment prior to undertaking a course of orthodontic treatment. Patients were given time to consider and make informed decisions about which option they preferred. Patients and their relatives we spoke with confirmed they were supported to make decisions.

# Are services caring?

## Our findings

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

We looked at CQC comment cards patient's had completed prior to the inspection and spoke with patients and their relatives on the day of inspection. Patient's and their relatives told us the staff were nice, caring, thoughtful, helpful and friendly and they were always treated with dignity and respect whilst they received care and treatment. Many cited that they had a good experience, the treatment was excellent and were very happy with the service they received. Staff we spoke with recognised the importance of providing patients with privacy, compassion and empathy. We observed positive interactions in the reception area and saw patient's were greeted with a smile and staff were courteous and kind. Staff could also provide examples of how they supported patients to cope emotionally with their care and treatment in a timely and appropriate manner.

The waiting area was separate to the reception desk and allowed for patient privacy. Staff told us there was a room available if patient's wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception.

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

The practice provided patient's with information to enable them to make informed choices and offered a range of treatment options. Patient's and their relatives commented they felt very involved in their treatment and it was fully explained to them and they were never rushed. Staff described to us how they involved patients' relatives when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. The practice listed the costs of treatment in a patient information brochure. Patient's and their relatives told us that they were informed of the cost prior to treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered. The practice was located on the first floor of a shared building, therefore some patients with mobility difficulties may not be able to access the service. The practice had made reasonable adjustments to support patient's with limited mobility, for example the service would refer patients with limited mobility to an orthodontist within close proximity of the practice.

We found the practice had an efficient appointment system in place to respond to patients' needs. This was supported by a 24 hour text reminder service. The practice manager told us there were allocated emergency slots each day. One relative we spoke with confirmed that their child had received a same day emergency appointment and if there were any issues with their brace bracket they could call the practice for advice. Patient's we spoke with confirmed they had sufficient time during their appointment and were not rushed. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patient's we spoke with told us the practice was excellent and provided good customer service. The practice offered patients a choice of orthodontist and treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient suggestion box and an on-going patient survey to voice any positive feedback, concerns and needs.

### Tackling inequity and promoting equality

The practice had equality, diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. A portable hearing loop was available which could be taken in to all of the treatment rooms. They also had access to a translation service.

Patient's told us they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

### Access to the service

The practice displayed its opening hours in the patient information leaflet and on the practice website. Patient's could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

When treatment was urgent, patients would be seen within 24 hours or sooner if possible. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. Patients were signposted on the telephone answer machine to an out of hours 111 service.

### Concerns & complaints

The practice had an effective system in place for handling verbal and written compliments, complaints and concerns. Information for patients about how to complain was available in a patient information folder in the waiting room. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The policy included contact details of external organisations that patients could contact if they were not satisfied with the registered provider's response to a complaint. Patient's we spoke with told us they had no complaints about the service. We saw the practice had received, thank you cards and patient testimonials were very positive on the practice website. Patient's commented that they would recommend the service.

We looked at three complaints received in the last 12 months. We found that they had been recorded and investigated and the complainant responded to in a timely manner. Steps had been taken to resolve the issue to the patient's satisfaction and a suitable apology and an explanation had been provided. Complaints were monitored by the complaints lead at the head office. The practice manager had a good knowledge of their responsibilities under new regulations relating to duty of candour. It was evident from these records and the practice policy the practice had been open and transparent and where action was required it had taken place.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of the British Dental Associations 'Good Practice' accreditation scheme (this is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards).

The practice had effective and organised governance arrangements in place to ensure risks were identified, understood and managed appropriately. The practice used an electronic governance system to monitor areas such as complaints, policies and training. We saw risk assessments and the control measures in place to manage those risks for example fire, slips, trips and falls, COSHH regulations and X-ray equipment. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of radiography, infection control, appointments and record keeping. Where areas for improvement had been identified action had been taken. There were a range of policies and procedures in use at the practice. Staff signed to confirm they had read the policies. The practice held monthly meetings involving all staff where governance was discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff we spoke with told us they felt supported and were clear about their roles and responsibilities. The practice manager told us they were supported by head office and had regular visits from the area manager.

There was a clear and effective leadership structure with named members of staff in lead roles at the head office. For example, there was a lead for complaints, health and safety, CQC and a clinical lead. Staff we spoke with told us they always had access to advice and support from head office. The staff were clear about their own roles and responsibilities. They all told us they felt well supported and knew who to go to in the practice with any concerns. Staff told us the structure had improved over the previous 12 months and although there had been management changes they had felt supported.

There were good arrangements for sharing information across the practice including practice bulletins and monthly team meetings.

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the three complaints received in the last 12 months and the actions had been taken as a result. The practice manager spoke passionately about the practice's vision and values which focussed on patient safety and the patient's journey. Staff told us the orthodontists and practice manager were very approachable and supportive.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident the practice worked well as a team. All staff were aware of whom to raise any issue with and told us the practice manager and orthodontists were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and ensuring patient safety was part of the practice ethos.

We found the staff were enthusiastic about the services they provided and were complimentary about the provider and the management of the practice.

### Management lead through learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year, this included information governance, first aid, life support and defibrillator use and health and safety. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents, audits and complaints. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as X-rays and audits of infection control. We looked at the audits and saw actions had been taken to resolve concerns.

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

## Are services well-led?

Patient's, relatives and staff we spoke with told us they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using

the service, including carrying out on-going patient surveys. Patient's could access the survey either by paper format or electronically on the practice website. We viewed completed patient survey results which showed a high level of satisfaction with the quality of the service provided.