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Bishops Stortford Orthodontic Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 April 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

Bishops Stortford Orthodontic Practice provides orthodontic treatment to adults and children. Orthodontics is the prevention and treatment of irregularly positioned teeth by means of braces.

The practice is situated over three floors of a converted house near the centre of Bishops Stortford. Treatment is provided by the NHS or paid for privately by patients.

The practice was first registered with the Care Quality Commission (CQC) in June 2011.

The practice's opening hours are: 8.00 am to 5.00 pm Monday to Wednesday, 8.00 am to 7.00 pm on Thursday and 8.00 am to 4.00 pm on Friday.

Access for urgent advice or treatment for patients of the practice is by contacting a mobile phone which is held by the principal orthodontist, or by another practice orthodontist.

The principal orthodontist is registered with the Care Quality Commission (CQC) as an individual. Like

Summary of findings

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.

The practice has three trained orthodontists, a dentist with a special interest in orthodontics, five orthodontic therapists, two orthodontic nurses, three further dental nurses, two trainee dental nurses, a treatment coordinator, a patient coordinator, a compliance officer, three receptionists, two decontamination technicians (one of whom also a laboratory technician) and a practice manager.

We received positive feedback from 44 patients (or their legal guardians) about the services provided. This was through CQC comment cards left at the practice prior to the inspection.

Our key findings were:

- Patients were treated with dignity and respect, and patients commented that staff were friendly and knowledgeable.
- Treatment options were explained in detail to patients, and a treatment plan was given to all patients to take away and consider before signing a consent form.
- The practice met standards in infection control as outlined in the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05).
- The practice had policies in place to ensure the smooth running of the service.
- A legionella risk assessment had not been carried out on the premises to assess the level of risk, and ascertain an action plan to address that risk; however the practice was sending water samples for analysis annually.
- Appropriate pre-employment checks were carried out on all staff to ensure that the practice was employing fit and proper persons.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

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

- Review the need for a legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's audit protocols for infection prevention and control giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review availability and appropriate storage of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 medicines and equipment to deal with medical emergencies in line with published guidance.

The practice met national standards in infection control, therefore patients could be assured that instruments were cleaned and sterilised in line with these standards.

The practice had systems in place to monitor and mitigate risks to patients, staff and visitors however they had not undertaken legionella risk assessment. This was completed shortly following the inspection.

Pre-employment checks on new staff were carried out in line with the requirements of the Health and Social Care Act 2008 Regulations 2014. Thus ensuring that fit and proper persons were employed.

Are services effective?

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

Clinicians used nationally recognised guidance in the care and treatment of patients.

Patients were educated in the importance of oral health, particularly when wearing a brace. This information was reinforced at every visit to the practice.

A comprehensive medical history form was sent to patients in advance of their first appointment at the practice. This was checked verbally at every visit, and re-signed every six months to ensure the information remained current.

Are services caring?

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

We were shown the suitable ways in which patients' confidentiality was maintained at the practice.

We observed patients being treated in a courteous and friendly manner.

Patients informed us that they felt involved in their care, and clinicians always took the time to explain their treatment options in full.

Are services responsive to people's needs?

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

Patients were seen within eight weeks of referral and, if ready, could start treatment immediately.

Patients commented that the practice were flexible and helpful when it came to arranging or re-arranging appointments.

The practice offered early morning appointments as well as one late evening a week in order to cater for the needs of individual patients particularly those undertaking examinations at school.

Are services well-led?

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

Summary of findings

The practice had policies in place to assist in the smooth running of the service; these had been recently reviewed to ensure they remained relevant and had been signed by all staff within the last year.

The practice held monthly staff meetings where complaints and significant incidents were discussed with staff to prevent their reoccurrence. The opinions of staff were obtained in these meetings, and suggestions to improve the service welcomed.

Clinical audits had been carried out to highlight areas which could be improved upon, however these were not always completed at the recommended frequency.

Bishops Stortford Orthodontic Practice

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 26 April 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members and 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 eight members of staff. We reviewed policies, procedures and other documents. We received feedback from 44 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

The practice had systems in place to report, investigate and learn from incidents and near misses. We saw records of the practice's significant incidents. A template was used which prompted staff to report certain incidents to the Health and Safety Executive (in line with the requirements of the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR)). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The records also indicated what action was taken to prevent their reoccurrence.

The last recorded significant incident was dated 1 April 2016 and detailed a break-in at the practice. We noted that the police had been involved and statutory notification was made to the CQC.

We saw evidence that significant incidents and complaints were regularly discussed at team meetings. The practice also kept an events' record which logged all incidents, near misses and complaints which made it easy to recognise trends and respond to them.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding safeguarding vulnerable adults and child protection; these were available in the policies folder for staff to reference. The policies indicated that the principal orthodontist was the named lead for safeguarding, and gave information regarding how to recognise abuse, as well as how to raise a safeguarding concern.

A completed action plan from June 2015 indicated that contact numbers were available in the file along with facial injury templates to accurately document concerning injuries.

We spoke with staff who had all completed training in safeguarding appropriate to their role; they demonstrated a good understanding of the signs of abuse and the safeguarding lead within the practice, however they were not always aware of the location of contact numbers that may be required to raise a concern themselves.

Following our inspection the practice displayed the safeguarding contact numbers in prominent places so that staff would be assured of finding them if the need arose.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 27 April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a policy on the safe handling of sharps. Being an orthodontic practice, staff did not use needles and syringes, however orthodontic wires could cause a sharps injury. The practice protocol directed that orthodontic wires were disposed of by the orthodontist or therapist, and not left for the dental nurse to deal with. This reduced the risk of sharps injuries to the staff.

The practice had not displayed information on how to deal with a sharps' injury. This was implemented immediately following our inspection and displayed in every treatment room. It included contact information for the local occupational health department and Accident and Emergency.

Medical emergencies

The practice had medicines and equipment in place to deal with medical emergencies which might arise. These were positioned centrally in the building in a location known to all the staff. Although the practice carried adrenaline, in the form of a pre-filled syringe, it was only enough to administer one dose. The British National Formulary states that in the event of a severe allergic reaction adrenaline may need to be administered every five minutes. Following our inspection we have received evidence that more adrenaline was ordered to cover such an eventuality.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The battery and pads were checked regularly to ensure that they would function correctly if required. Records were seen of these checks.

All other emergency equipment was in place in line with the recommendations of the Resuscitation Council UK and regular checks being performed on the oxygen, equipment and medicines.

Are services safe?

All staff had undergone medical emergencies and basic life support training in the previous year. Staff we spoke with were able to describe the actions they would take in response to specific medical emergencies, including which medicines and equipment would be needed.

Staff recruitment

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice policy was to perform a DBS check on all staff, and repeat this check three yearly. We reviewed staff recruitment files for four members of staff and found that pre-employment checks and DBS checks had been carried out in line with published guidance, and the practice's policy.

An induction process was carried out for every new member of staff; this introduced new members of staff to the policies and procedures in the practice. It took place over three months and included monthly appraisal meetings. The probationary period could be extended if the staff member had not met expected standards within the timeframe.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been updated in March 2016. This detailed areas for consideration including the use of safety signs and welfare arrangements. In addition it detailed the persons responsible for the various aspects of health and safety within the practice.

A health and safety risk assessment had been completed in June 2015 and an internal fire risk assessment had been completed in September 2015, although this lacked some detail. There was a fire safety action plan in place, and a fire warden had been appointed. The fire alarm system was checked weekly and we saw records for this, fire drills were carried out every six months, and the external assembly point was signposted.

Fire equipment had been serviced in December 2015, and extinguishers had been serviced in June 2015. Staff we spoke with could describe the actions they would take in response to a fire in the building.

The practice had a health and safety law poster on display in the reception area. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

There were comprehensive arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place which had been reviewed in October 2015. This detailed aspects of infection control including decontamination, manual cleaning, disinfection of impressions and hand hygiene. Decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again.

The decontamination process was performed in a dedicated decontamination room, and the practice employed a decontamination technician to carry out this process. We observed the process; manual cleaning of the instruments was followed by rinsing and inspection of them under an illuminated magnifier. The instruments were sterilised in one of four autoclaves before being packaged and dated. These steps were carried out in accordance with the published guidance (HTM 01-05).

Are services safe?

Daily checks were performed on the autoclaves to ensure that they were working effectively. We saw records of all the appropriate checks for each autoclave having been carried out.

The practice had contracts in place for the safe disposal of hazardous waste. This included sharps boxes, where used orthodontic wires were placed to prevent injury. The published guidance indicated sharps boxes should not be located on the floor, and should be out of reach of small children. The location of the sharps boxes followed the guidance.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice employed a cleaner and followed the national guidance for colour coding cleaning equipment to ensure that equipment used for cleaning clinical areas was separate from that used for the toilets. Three monthly cleaning audits were carried out for each area of the practice, and these generated a score sheet and action plan. In this way the practice ensured that cleaning standards were kept high.

Legionella is a bacterium found in the environment which can contaminate water systems in buildings. Practices are required to assess the risk of legionella in their premises and take appropriate steps to minimise that risk. The practice was sending water samples for testing annually to check for Legionella growth, which had indicated no issues at the time of our inspection.

HTM 01-05 stipulates that a risk assessment for Legionella should be carried out by a competent person and a written scheme for controlling the identified risks is written by an experienced and competent person. Although the practice had a risk assessment, it had been carried out internally and lacked the detail required. We raised this with the principal orthodontist who immediately arranged a risk assessment to be carried out by a company which specialised in the area.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered.

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Pressure vessel treating had been carried out on the autoclaves and compressors to ensure they functioned safely.

Portable appliance testing had been carried out on all electrical equipment in March 2015.

We found a medicine used to treat diabetics was being kept at room temperature. At room temperature the medicine was valid for 18 months from when it was issued to the practice. In order for it to be valid to the expiry date it would need to have been refrigerated. The practice had not amended the expiry date to account for the fact that it was not refrigerated. Immediately following the inspection a new medicine was purchased and the expiry date appropriately amended.

Radiography (X-rays)

The practice used digital X-ray machines, which did not require chemical processing. All the X-ray equipment was located in one central room.

The practice had an intra-oral X-ray machine, most commonly used in orthodontic practices to take an X-ray of the biting surfaces of the top or bottom teeth. In addition they had a dental panoramic tomograph machine, which takes an X-ray of the whole jaws including the jaw joints, and a lateral cephalogram which takes an X-ray of the skull in profile.

The practice had a radiation protection file which detailed the responsible persons regarding X-ray safety. Records in the file indicated that X-ray equipment had been serviced and tested in line with published guidance (Ionising Radiation Regulations 1999) and manufacturer's instructions.

The X-rays required were prescribed by the orthodontist at the assessment stage, and then the dental nurse or orthodontic therapist would take the radiographs.

12 clinicians (orthodontists, orthodontic therapists and dental nurses) were trained to take X-rays in the practice and another two dental nurses were training for their certificate as well. The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) require that ongoing training is undertaken in radiography for all clinicians taken radiographs. We saw that training was up to date for all but one and following our inspection this was completed.

Are services safe?

The practice were not always recording a justification for taking an X-ray or quality grade of the X-ray in line with IR(ME)R. However we were shown a recent amendment to the computerised dental care records which would prompt clinicians to make that record.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice sent out medical history forms to all new patients to fill in before they attended their assessment appointment. This was verbally checked at every visit, and the patient (or their legal guardian) had to re-check and sign the form again on a six monthly basis. This ensured that clinicians were kept up to date with changes to the patients' medication or health that could affect the provision of treatment.

New patients were assessed by an orthodontist and a treatment plan drawn up. The computerised dental care record included an orthodontic template for assessment. This included a severity assessment on a nationally recognised scale called the Index of Orthodontic Treatment Need (IOTN). This looked at features of the occlusion (the way teeth are positioned and meet) and scored them on a grade of one to five. In addition there was an aesthetic (appearance) component, and the outcome of these defined whether orthodontic treatment was available on the NHS.

In addition checks were performed on the soft tissues of the mouth and face, both to assess orthodontically (for example: whether the lips meet when the patient is relaxed) and to check for any lesions or growths.

Following diagnosis, the orthodontist drew up a comprehensive treatment plan and prescription for the orthodontic therapists to follow. An orthodontic therapist is a registered dental professional trained to carry out certain orthodontic procedures detailed by a trained orthodontist.

Health promotion & prevention

The practice clearly understood the particular importance of good oral hygiene when undergoing orthodontic treatment, and took steps to ensure that all patients were committed to maintaining their own oral health.

At the time of the assessment a record was made of the patients' oral hygiene level, braces were only provided to patients with good oral hygiene. When patients had their brace fitted they had to watch a short film detailing how they needed to look after their brace. In addition to this they were given leaflets that gave dietary and oral hygiene advice.

The video was also played on a loop in the reception area to serve as a reminder of the techniques to maintain good oral hygiene.

The practice had packs for sale which included disclosing tablets and interdental tape for patients to be able to monitor and maintain their oral hygiene.

Staffing

The practice had three trained orthodontists, a dentist with a special interest in orthodontics, five orthodontic therapists, two orthodontic nurses, three further dental nurses, two trainee dental nurses, a treatment coordinator, a patient coordinator, a compliance officer, three receptionists, two decontamination technicians (one of whom also a laboratory technician) and a practice manager.

Prior to our attending the practice we checked the General Dental Council (GDC) registrations for all trained staff and found that they all had up to date registrations with no conditions on their practice.

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), infection control and safeguarding.

At the time of the inspection the practice was actively supporting two trained dental nurses to achieve their radiology certificates, which would allow them to take X-rays.

The practice used dental nurse with extended duties and further training, as well as specifically trained decontamination technicians to make the system as streamlined and effective as possible. For example: the use of treatment co-ordinators to explain treatments to patients, dental nurses to take X-rays, and decontamination technicians to clean and sterilise equipment meant that more patients could be seen, and the waiting time to start treatment was kept to a minimum.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice was a referral unit, meaning that dental practices from a wide area could refer their patients for orthodontic treatment. Referral letters were triaged when they first arrived and an assessment made of whether the treatment was urgent. At the time of the inspection the practice was in consultation with the NHS local area team to devise a referral template to standardise referrals made to the practice.

The practice made referrals to other dentists and dental services in the local area. Referrals would be made when the practice was not able to offer a particular service or if the patient required more specialised treatment. For example: if very complex orthodontic treatment was required or surgical intervention as part of orthodontic treatment. We saw examples of referral letters sent and found that they were appropriate and detailed.

The practice tracked all referrals sent to other services, and in the case of urgent referrals would follow the letter with a telephone call to the service to ensure that the referral had been received.

Consent to care and treatment

The practice had a consent policy which was dated March 2016. We spoke with staff about how they ensured that they obtained full, valid and educated consent from the patients prior to treatment.

The practice accepted verbal consent from the patients to undergo an orthodontic assessment, including taking study models. Once a treatment plan had been drawn up this was given to the patients along with a consent form to consider the options available to them. The practice also had treatment coordinators who would explain all the treatment in depth, using models and leaflets to demonstrate the appliances involved.

Patients (or their legal guardians) would then sign to demonstrate consent to the treatment, and this was filed in the patient paper records.

The practice had a separate policy specifically covering consent for children. This detailed the legal precedent known as Gillick competence. Any child (under the age of 16) that was deemed Gillick competent had demonstrated that they understood in adequate detail the risks, benefits and consequences of a particular course of action, and the clinician was satisfied that they could legally consent for themselves.

Staff we spoke with understood the concept of Gillick competence, and its particular relevance in orthodontic practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included how a patient could be supported to making a decision for themselves, and assuming that all patients had the capacity to consent for themselves regardless of any diagnosis, or condition they had.

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Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff we spoke with explained how they ensured information about patients using the service was kept confidential. The dental care records and appointments system were held electronically and password protected. Paper records were stored in locked cabinets. This was underpinned by the practice's confidentiality and data protection policies dated March 2016.

Monitors at the reception desk were situated below the level of the counter so they could not be overlooked by patients standing at the desk. Reception staff told us that anyone wishing to have a private discussion could use one of the consultation rooms rather than talking at the reception desk.

The practice had an open plan treatment room with several chairs. The separate areas were segregated and positioned so that privacy could be maintained, and the practice had individual treatment rooms available if a patient did not wish to be treated in the open plan environment.

We observed patients being treated with care and professionalism. Feedback we received from patients commented that practice staff were friendly, helpful and efficient.

Involvement in decisions about care and treatment

Following orthodontic assessment, all patients were given a treatment plan detailing their proposed treatment and were able to see a treatment coordinator to discuss any concerns. The treatment coordinators used models to demonstrate the type of treatments available.

Comments we received from patients through the comment cards we left indicated that they were informed of all the options available to them, they felt listened to, and felt no pressure to proceed with treatment if they felt it was not for them.

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 found the premises and facilities were appropriate for the services delivered. The practice had a tooth brushing area with three sinks to allow patients who had come straight from school of work to brush their teeth before their appointment.

The practice had installed a self check in screen in the reception area, so patients were able to indicate that they had arrived without the need to see a receptionist. In a busy practice this ensured that appointments were not held up because reception was busy.

The practice had an efficient system in place for seeing patients that were newly referred to the practice. They would normally be seen within eight weeks of initial referral, and provided they were ready to commence treatment this could begin almost immediately.

Patients commented that the practice were very flexible with appointment times and would do their best to accommodate patient requests for appointment times. They also commented that in general they were seen on time.

The practice utilised social media to engage patients who were used to this form of information sharing.

The practice had also carried out a waiting time survey to establish is any amendment could be made to improve the patient experience in this regard.

Tackling inequity and promoting equality

Staff told us they welcomed patients from diverse backgrounds and cultures, and they were all treated according to their needs. This was underpinned by the practice's equality, diversity and human rights policy, which was dated June 2015.

We received comments from patients with individual needs that stated the practice had made all possible adjustments to accommodate their needs.

Access to the service

The practice was open from 8.00 am to 5.00 pm Monday to Wednesday, from 8.00 am to 7.00 pm on Thursday and 8.00 am to 4.00 pm on Friday. By offering appointments before or after school the practice was able to accommodate those patients who had commitments during normal school/ work hours, particularly those school students undertaking examinations.

Emergency appointments were set aside daily for patients, and staff told us that they would always endeavour to see a patient in pain on the same day they contacted the practice. We received several comments from patients which indicated the same.

Outside normal practice hours the patients are directed by a message on the practice answerphone to a mobile number that is held by the principal orthodontist. Patients were therefore able to receive advice, and arrangements could be made to see the patients if necessary.

The practice only had six parking spaces (of which one was designated as a disabled parking space) and many of the surrounding roads required a resident permit to park. This meant that parking was often a problem. To try to mitigate this issue that practice ensured that all staff had other parking arrangements so that the spaces they had were all available for use by the patients. In addition the practice sent out a leaflet with all new patient appointments which detailed the issue, and advised patients of the nearest parking options on a map.

Concerns & complaints

The practice had a policy encompassing complaints, problems and events. We saw their complaints procedure, which was displayed in the waiting room and directed patients in how to raise a complaint with the practice, and how to escalate that complaint further if they were not satisfied with the resolution offered.

We saw evidence that complaints had been dealt with in line with the practice's policy, apologies issued when appropriate, and staff feedback and training undertaken to reduce the chance of reoccurrence. Complaints were discussed as part of the practice meetings that took place.

Are services well-led?

Our findings

Governance arrangements

There was a clear management structure at the practice, with staff having set roles and responsibilities. The registered manager was the principal orthodontist and discussions identified they understood their role within the registered service.

The practice had a number of polices in place to support the smooth running of the service. This included complaints, cross infection control, whistleblowing and health and safety. Staff had signed forms to state that they had read and understood the policies.

Systems in place to monitor the safety and effectiveness of the practice were mostly robust, with the exception of the Legionella risk assessment which had not been carried out at the time of the inspection (following the visit this was completed).

Disaster and emergency planning had been undertaken including a business continuity plan to ensure the continuation of the service in adverse circumstances.

The practice held monthly staff meetings where matters pertaining to patient complaint sand significant incidents were discusses as well as training topics; for example, consent. Minutes of the meeting were taken and circulated to all staff that were unable to attend. They were required to sign the minutes to confirm that they had read and understood the contents.

Leadership, openness and transparency

Staff we spoke with were able to describe the clear lines of responsibility and accountability within the large practice. The management team were described as being very open and supportive, and welcomed any feedback that staff gave.

The practice had a policy regarding being transparent. The outlined the practice and the profession's expectation of candour and honesty in all matters relating to the practice and patient safety.

The practice had in place a whistleblowing policy, which was dated March 2015. This gave guidance on how staff could go about raising concerns they might have about a colleague's actions or behaviours.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audit had been carried out to highlight areas of clinical practice that could be improved. This included audits of X-ray quality, which were limited to those clinicians that took radiographs, and detailed actions to improve their overall quality.

Infection control audits had been carried out annually, however national guidelines recommend these are carried out six monthly. In addition cleaning audits were carried out every three months, and a clinical record keeping audit had been completed within the last year.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

Staff received annual appraisals which highlighted the training needs of individual staff.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. The practice invited comments through the NHS friends and family test, an also through their own patient satisfaction survey.

The result of the patient satisfaction survey was discussed at staff meeting to establish how improvements could be made.

Staff reported that they felt confident to discuss any aspect of the practice with the management team or principal orthodontist, and were encouraged and supported in doing so.