

Alpha Windmill (York) Ltd

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Inspection Report

1a Almsford House
Beckfield Lane,
Acomb
York
North Yorkshire
YO26 5PA
Tel:01904 789152
Website:www.alphadental.com

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Overall summary

We carried out an announced comprehensive inspection on 12 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Alpha Windmill Orthodontic Dental Practice is situated in Acomb, York, North Yorkshire and is a limited company. The treatments, both NHS and private, range from fixed aesthetic braces to clear aligner treatments. The service is provided by four orthodontists who are supported by one orthodontic therapist, five dental nurses and a practice support manager. The practice is located on the ground floor and there are three surgeries, a reception area, a waiting room, a decontamination room, an X-ray room, a patient toilet and a separate accessible toilet. The practice is located close to local amenities and bus services. There is ample parking in the surrounding area.

The practice is open:

Monday – Thursday 08:30 – 17:30

Friday 08:00 – 16:30

The operations 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 received eight CQC comment cards that had been completed by patients. The three

Summary of findings

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).
- 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 staff and patients.

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

- Review the fire risk assessment and implement a new assessment as soon 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw staff had received training in infection prevention and control. There was a decontamination area and guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. It had been a few years since a new member of staff had joined the team but good supporting evidence was available for each member of staff.

We reviewed the legionella risk assessment dated February 2015 and evidence of regular water testing was being carried out in accordance with the assessment.

Are services effective?

We found that 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). Patients 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.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment. The patients' dental care records we looked at with the orthodontist included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients' oral health and made adjustments to treatments accordingly.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

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.

Summary of findings

Are services caring?

We found that 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 patients. Patients 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. Patients and their relatives confirmed they felt fully involved in their treatment, it was explained to them, and they were listened to and not rushed.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. The registered manager told us allocated emergency slots were available or a patient could attend at the start or end of a session to be seen. 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 patients 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.

Are services well-led?

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

There was a clearly defined management structure in place. The registered manager was responsible for the day to day running of the practice and also delegated tasks to the practice support manager.

Staff reported that the registered manager was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test. The practice regularly sought feedback from patients in the form of a satisfaction survey in order to improve the quality of the service provided.

The practice held regular staff meetings which were minuted, gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered.

Alpha Windmill (York) Limited

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 12 November 2015 and was led by a CQC Inspector and an orthodontic specialist advisor

We informed NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents. During the inspection we toured the premises where we observed positive communication and interactions between staff and patients; both face to face and on the telephone within the reception area.

We spoke with one orthodontist, two dental nurses, the practice support manager and the registered manager. We saw policies, procedures and other records relating to the management of the service. We reviewed eight CQC comment cards and spoke to three patients who 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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice had an accident book which had no entries recorded in the last 12 months.

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received no complaints in the last year; however there was historical evidence that complaints had been processed in accordance to the policy and in a timely manner. Complaints had been raised at staff meeting to discuss if any changes could be put in place to prevent further complaints.

The registered manager told us that they received alerts by e-mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were e-mailed to staff, discussed with staff, acknowledged and signed to say they had been read and actioned and stored for future reference.

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. At the time of our inspection no referrals had been made to the local authority. Staff we spoke with told us they were confident about raising any concerns with the registered manager.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (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).

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen and the AED were checked weekly. Emergency medicines were also checked regularly. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date. This was in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were kept.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed four personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The 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.

We recorded that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance.

Are services safe?

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in January 2014.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered manager had reviewed the COSHH folder in 2014 as no changes of materials had occurred since then. We discussed the need for yearly reviews to ensure their records were up-to-date and any changes in safety data could be implemented.

The practice support manager showed us that there had been a fire risk assessment in March 2012. This was brought to the attention of the practice support manager that this was now due to be reviewed and an assessment should be scheduled as soon as possible. All equipment had been checked in March 2015. There was evidence that a fire drill had been undertaken in October 2015. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to a separate sink and a bowl for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

Records showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

Staff records showed that all staff had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw that all sharps bins were being used correctly and located appropriately in the decontamination room as the practice used a minimal amounts of sharps. Clinical waste was stored securely for collection outside the practice in a designated bin. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated February 2015; we saw evidence that all water testing was being completed as required. 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. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Are services safe?

Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in March 2015.

The practice displayed fire exit signage. We saw that the fire extinguishers had been checked in March 2015 to ensure that they were suitable for use if required.

We reviewed maintenance records for equipment such as autoclaves, ultrasonic baths and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Radiography (X-rays)

The X-ray equipment was located in the X-ray room. X-rays were carried out safely and in line with the local rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in the X-ray room. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw that all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us that they undertook monthly quality audits of the X-rays taken. We saw the results from monthly audits and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic patient 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). Patients 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 looked at three patient dental care records with the orthodontist 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 patients 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. Patients 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 patient's 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 and fixed appliance 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 all of these in the last 12 months. The practice support manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted.

Staff told us the registered 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

Are services effective?

(for example, treatment is effective)

in the workplace. This included current dental guidance and good practice. Staff had annual appraisals and quarterly supervisions. The practice support manager told us they had an open door policy for staff. Staff 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 patients' orthodontic treatment and if any general treatment was needed prior to orthodontic treatment commencing, for example 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. The practice followed a two week referral process to refer patients when oral cancer was suspected. Referrals were made in a timely way and letters were stored in the patients dental care 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 eight CQC comment cards patients had completed prior to the inspection and spoke with patients and their relatives on the day of inspection. Patients 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.

Staff recognised the importance of providing patients with privacy, compassion and empathy. We observed positive interactions in the reception area and saw patients 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. For example, if a patient did not feel comfortable being treated in the open plan surgeries there was always availability in the spare enclosed surgery for patients to be seen.

Staff told us there was a room available if patients wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception.

Music was played in the reception area and surgeries to help relax patients before and during their appointments. There was also a patient information television in the waiting room showing different orthodontic treatments, staff details and pictures and the complaints policy.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices and offered a range of treatment options. Patients 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. Patients 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 ground floor.

We found the practice had an efficient appointment system in place to respond to patients' needs. This was supported by a text reminder service. The practice support manager told us there were allocated emergency slots each day. One relative confirmed that their child had received a same day emergency appointment and if there were any issues with their brace brackets they could call the practice for advice. Patients 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.

Patients 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 satisfaction surveys 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. They also had access to a translation service which had received good feedback from people who used the service and staff.

Patients 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 on its website. Patients 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. Appointment slots were available at the start and end of each session. 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 and on the information television. 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 manager's response to a complaint.

Patients told us they had no complaints about the service. We saw the practice had received patient testimonials that were very positive on the practice website. Patients commented that they would recommend the service.

The practice had received no complaints in the last 12 months. We found that previous complaints had been recorded and investigated and the complainant had been 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 support 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 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, slips, trips and falls, COSHH regulations and X-ray equipment. It was brought to the attention of the practice support manager that the fire risk assessment was due for review, this was booked on the day of the inspection and evidence was also seen.

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 prevention and control and record keeping. The practice had also started a new audit to monitor any breakages of brackets and other orthodontic devices. 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 six-weekly staff 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 told us they felt supported and were clear about their roles and responsibilities. The practice support manager told us they were supported by head office and had regular visits from the area manager.

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.

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. The practice support manager spoke about the practice's vision and values which focussed on patient safety and the patients' journey.

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 support 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.

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, basic life support and AED 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 prevention and 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

Patients, relatives and staff told us they felt engaged and involved at the practice both informally and formally. Staff 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. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that all patients said that they were extremely likely to recommend the practice to friends and family.

Are services well-led?

We saw that the practice held regular practice meetings and orthodontist meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.