

Modwena Orthodontics Limited

Modwena House

Inspection Report

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Overall summary

We carried out this announced inspection on 3 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

We found this practice was providing effective care 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.

Background

Modwena House is in Burton-on-Trent and provides NHS and private orthodontic treatment for adults and children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in pay and display car parks near to the practice.

The dental team includes three specialist orthodontists, two dentists, two orthodontic therapists, 10 dental nurses (two of whom are trainees), four receptionists (one of whom is the patient treatment coordinator) and a practice manager. The practice has three treatment rooms and four dental chairs.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers 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 registered manager at Modwena House is the principal orthodontist.

On the day of inspection, we collected 28 CQC comment cards filled in by patients and spoke with two patients.

During the inspection we spoke with two specialist orthodontists, one orthodontic therapist, three dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 4.30pm.

Friday from 8.30am to 3pm.

Our key findings were:

- Effective leadership was provided by the principal orthodontist and an empowered practice manager.
- Staff we spoke with felt well supported by the principal orthodontist and practice manager and were committed to providing a quality service to their patients.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. However, systems pertaining to operator Dental Cone Beam (Computed Tomography) training and risk assessments for substances hazardous to health were not effective.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

There were areas where the provider could make improvements. They should:

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensuring that measures are put in place to conform with IRMER regulations for the safe use of the Dental Cone Beam Computed Tomography (CBCT) and guidance given in the HPA document: Guidelines on The Safe Use of CBCT Equipment is followed.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all materials and substances.

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.

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Several team members, including the safeguarding lead, were trained to level three in safeguarding. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. Contact details for relevant support agencies were displayed on the staff room notice board.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There was a dedicated decontamination suite which served the dental treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas through the use of two rooms with a hatch between to pass instruments through. Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment and annual legionella health checks. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The provider did not have a recruitment policy however they followed a procedure to help them employ suitable staff and had checks in place for agency and locum staff. A recruitment policy was implemented and sent to us within 48 hours of the inspection. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Are services safe?

There was a dedicated radiography suite. The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the orthodontists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine (CBCT). Staff had received some training in the use of it, however further operator training was required and had been scheduled for completion in March 2020. Appropriate safeguards were in place for patients and staff although we found that the light outside the room was not working. This was replaced within 48 hours of our inspection. We found there was scope to further improve the CBCT processes and compliance with the guidance given in the HPA document: Guidelines on The Safe Use of CBCT Equipment. We discussed this with the practice and written confirmation was given that these shortfalls would be rectified and CBCT X-rays would not be taken until protocols were in place and further operator training had been completed.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontists and the orthodontic therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials. We found that risk assessments had not been completed for all these products. We were advised these were in the process of being completed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the orthodontist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Are services safe?

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The orthodontists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were

comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one incident recorded. We saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice was a referral clinic for orthodontic treatments. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment was provided under NHS referral for children, except when the problem fell below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who required orthodontic treatment.

The orthodontists provided orthodontic treatment and assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society. We saw several examples of detailed orthodontic treatment plans. Dental care records shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Patients had access to a dedicated radiography suite where photographs, 3D scans and x-rays were taken to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontists and orthodontic therapists gave oral hygiene education which included tooth brushing techniques and dietary advice using models, visual displays and following the 'tell, show, do' technique to enhance patient understanding.

The orthodontists provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of

dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces. The practice directed patients to a social media led 'braces club' where they could ask questions and discuss any aspects of their treatment.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The orthodontists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. At the time of our inspection the practice were supporting two dental nurses to complete a postgraduate qualification in radiography and one nurse to qualify as an orthodontic therapist. One of the dental nurses carried out treatment care coordinator duties and supported patients throughout the course of their treatment. The dental nurses had extended duties which included radiography, impression taking and orthodontic nursing to enhance patient support.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The practice was a specialist referral practice for orthodontics across the Burton-on-Trent area. Practices referring patients for NHS treatment were required to complete a referral form to enable patients to access services. The practice monitored referrals and ensured the clinicians were aware of all incoming referrals on a daily basis.

The orthodontists worked with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, professional and always polite. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Two patients that we spoke with told us that they felt the staff here were fantastic and treated them well.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality and the GDPR lead was available to support staff if needed. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. An orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of orthodontic treatments available at the practice.

The orthodontists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment. In addition to this, the practice used 3D scanning which allowed impressions to be taken digitally which patients told us they found far more comfortable than the traditional impressions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice manager shared examples of how they met the needs of more vulnerable members of society such as patients with a learning difficulty and patients living in care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

28 cards were completed, giving a patient response rate of 56%.

100% of views expressed by patients were positive.

Common themes within the positive feedback included that there were thorough explanations of treatment options in a manner that children understood, very friendly staff and treatment provided was of a high standard.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access through the rear of the building, a hearing loop, large print documents upon request and accessible toilet with hand rails and a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. At the time of our visit further renovation plans were in place to improve the facilities for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the orthodontist could see them as soon as possible after they arrived.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice was committed to seeing patients experiencing discomfort or problems with their braces on the same day. The practice information leaflet, website, signage on the outside of the practice and the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

The practice signposted patients in pain to their general dental practitioners or if outside of working hours to the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

Strong and effective leadership was provided by the principal orthodontist and an empowered practice manager. The practice team shared a commitment to continually improving the service they provided. Staff told us that they felt supported and could raise any concerns with the principal orthodontist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

We found the principal orthodontist had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. At the time of our inspection the principal orthodontist had significant renovation plans in process to enhance and expand the facilities further for patients. The renovation schedule included an additional ground floor treatment room, a larger waiting area and a dedicated treatment coordinator room.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice invested heavily in nurturing and developing staff members to support in different roles. For example, one staff member joined the practice as a trainee nurse and had been supported to become a qualified nurse with extended duties and then to qualify as an orthodontic therapist.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. Following recent audit, the practice identified that some patients attended appointments with their grandparents. Therefore, appropriate consent was taken, and hearing loops were installed to enhance the experience for all patients and carers.

Culture

The practice had a culture of high-quality sustainable care. The principal orthodontist had been delivering orthodontics in this area for over 30 years and had built strong, professional relationships with local dentists and patients. This enabled the practice to work closely with referring dentists and specialists to ensure joint treatment plans were completed seamlessly.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice had a mission statement which was displayed on the practice website and in the patient information leaflet. The mission statement included delivering outstanding care and treatment of the highest quality to meet their patient's needs.

Staff discussed their training needs at an appraisal, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The practice manager advised that they historically completed appraisals annually, however they had lapsed by eight months. We looked at personal development plans and spoke with staff who told us that they were supported to develop and were unaffected by the appraisal process not being formally completed annually.

The staff focused on the needs of patients. For example, the practice held patient and parent focus groups to look for ways to improve the service for patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. The practice manager described to us how they had supported a staff member following staff raising concerns about their wellbeing.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. The principal orthodontist supported local dentists by facilitating study group meetings and offering training on the NHS acceptance criteria for orthodontic treatment.

The provider used patient surveys, patient and parent focus groups, verbal comments and online feedback to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, correspondence letters were changed from being addressed to 'Mr or Mrs' to 'the parent or guardian of' following patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow

patients to provide feedback on NHS services they have used. Results from October 2019 showed of the 57 respondents, 95% of patients would recommend this practice to friends and family.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The principal orthodontist was a member of the Local Dental Committee which was a locally constituted and NHS recognised group of democratically elected NHS dentists and dental service providers. They were tasked with the representation of their peers in the negotiation and planning of locally commissioned NHS primary care dental services. In addition to this, the specialist orthodontists were members of their local Managed Clinical Network and the British Orthodontic Society.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. At the time of our inspection, the practice was supporting two dental nurses to complete a postgraduate qualification in radiography and one nurse to qualify as an orthodontic therapist.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.