

Ms Monica Reinach

# Pure Orthodontics

## Inspection Report

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### Overall summary

We carried out this announced inspection on 14 May 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 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 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**

Pure Orthodontics is in Chelmsford, Essex and provides private treatment to 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.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are outside the practice.

The dental team includes one specialist orthodontist, one treatment manager, one practice manager, five

# Summary of findings

orthodontic therapists including a laboratory technician, five dental nurses and one trainee dental nurse, one orthodontic nurse, two hygienists, one compliance lead, one treatment coordinator, one marketing manager, three receptionists and a cleaner. The practice has seven treatment rooms, three treatment coordinating rooms, three decontamination rooms, plus a laboratory, two reception areas and two oral hygiene stations

The practice is owned by an individual who is the principal dentist there. They 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 collected 42 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with the specialist orthodontist, the treatment manager, one orthodontic therapist, one treatment coordinator/receptionist and the compliance lead/dental nurse. In addition, we spoke with two receptionists 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 from 8am to 5pm.

Tuesday from 11am to 7pm.

Wednesday from 8.15am to 5pm.

Thursday from 11am to 7pm.

Friday from 8am to 5pm.

Saturday from 9.30am to 3.30pm.

## Our key findings were:

- Strong and effective leadership and a culture of continuous improvement was provided by the management team which included the specialist

orthodontist, the treatment manager and the practice manager. The practice manager took immediate action on the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service. Staff felt involved and supported and informed us this was a good place to work.

- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. The safeguarding policy, and contact details were available in each treatment room.
- The practice had thorough staff recruitment procedures.
- The practice appeared clean and well maintained
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

# 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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. The practice manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service.

No action



### Are services effective?

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

The orthodontic care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice. Oral hygiene education was prescriptive and could include dietary advice and tooth brushing techniques using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

The practice offered a dental monitoring software programme for patients that worked via an application on their mobile telephone. If undergoing treatment, patients were able to take weekly photographs of their teeth from wherever they were and upload them to the telephone application. These photographs were sent to the specialist orthodontist who checked them against the patient's treatment plan to ensure the teeth were moving as they should. Staff described how this enabled patients receiving treatment who were travelling or away from home to ask questions about how their treatment was tracking and enabled the orthodontist to offer advice and treatment directions without multiple appointments at the practice.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as good practice certification scheme as part of its approach in providing high quality care.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, helpful and welcoming.

They said that they were always treated with a great amount of respect and were given helpful advice about their treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. During the inspection we observed team members talking with patients in a friendly and helpful manner.

No action



## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

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

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Electronic copies of this were held off site so they could be accessed easily in the event of an incident.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

### **Risks to patients**

There were 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 practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other 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 the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

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

# Are services safe?

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

- We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted the practice laundered all staff uniforms on the premises and staff changed out of their uniforms at lunch.

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

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

## 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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements. There was scope to ensure dental care records were more detailed with regard to dental caries, risk assessments for oral cancers and the assessment of periodontal tissues. The practice management team confirmed they were in the process of reviewing dental records to ensure these were detailed.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

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

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

## Track record on safety and Lessons learned and improvements

We found the practice management team had a good knowledge of reporting procedures and the agencies involved. The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Practice meeting minutes we viewed showed that any unusual events or incidents were discussed to ensure staff were protected.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.

## Are services safe?

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff we spoke with were aware of recent alerts affecting dental practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental clinicians up to date with current evidence-based practice. We saw that clinicians assessed 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.

The dentists provided orthodontic treatment and assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society. We saw several examples of orthodontic treatment plans. There was scope to ensure dental care records were more detailed with regard to dental caries, risk assessments for oral cancers and the assessment of periodontal tissues. We discussed this with the specialist orthodontist, the treatment manager and the practice manager who confirmed this would be reviewed.

Orthodontic treatment plans were completed and given to each patient, these included the cost involved if private orthodontic treatment had been proposed. Patients' dental treatment was monitored through follow-up appointments, the telephone application and photographs. The practice offered a dental monitoring software programme for patients that worked via an application on their mobile telephone. If undergoing treatment, patients were able to take weekly photographs of their teeth from wherever they were and upload them to the telephone application. These photographs were sent to the specialist orthodontist who checked them against the patient's treatment plan to ensure the teeth were moving as they should. Staff described how this enabled patients receiving treatment who were travelling or away from home to ask questions about how their treatment was tracking and enabled the orthodontist to offer advice and treatment directions without multiple appointments at the practice.

Treatment typically lasted between eighteen months to two years for a course of orthodontic treatment.

The practice had access to digital cameras to record before, during and after photos of treatment to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

### Helping patients to live healthier lives

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

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

The dentists 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.

### Consent to care and treatment

The practice 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 dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist 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 may 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. The 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

# Are services effective?

(for example, treatment is effective)

time to explain treatment options clearly. The practice had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

## Monitoring care and treatment

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, we noted nurses had completed radiography qualifications, one trainee nurse was being supported to complete dental nursing qualifications and the specialist orthodontist was supported by five orthodontic therapists.

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

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## Co-ordinating care and treatment

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

The practice was a specialist referral practice for orthodontics across the Chelmsford, mid-Essex area. The practice monitored referrals and ensured the clinicians were aware of all incoming referrals on a daily basis.

The dentists 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

### 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 professional, helpful and very welcoming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female orthodontic therapist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and patient survey results were available for staff and patients to read. Tea, coffee, water and soft drinks were available for patients and their relatives and oral hygiene stations where patients could refresh, clean their teeth and appliances were also available for patients.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Incoming telephone calls to the practice could be answered away from the reception area.

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 and were aware of the

Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The treatment coordinator and orthodontic therapist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Staff described to us the methods they used to help patients understand treatment options discussed. These included before, during and after treatment photographs, models, software, videos, leaflets, X-ray images and intra-oral cameras. The intra-oral cameras 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 on the importance of emotional support needed by patients when delivering care.

Staff shared examples of how the practice met the needs of more vulnerable members of society such as vulnerable adults and children with a learning difficulty.

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

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 where possible for patients with disabilities. These included steps free access, large print documents and an accessible toilet with hand rails and a call bell.

### Timely access to services

Patients were able to 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 practice information leaflet and on their website. The practice offered extended hours appointments opening early every Monday and Friday from 8am and late every Tuesday and Thursday until 7pm. In addition, the practice opened every Saturday from 9.30am to 3.30pm.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Patients were able to liaise with the practice and the specialist orthodontist, by means of the dental monitoring software programme that worked via an application on their mobile telephone.

The practice website 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

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on 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 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous two years.

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

### Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The specialist orthodontist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The specialist orthodontist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the specialist orthodontist, telling us they were approachable and responsive to ideas. Staff told us they enjoyed their work and the nurse had worked there for several years.

The practice manager was new in post and spoke positively of the support they had received since joining the practice team. Other senior staff spoke of the length of time they had worked with the specialist orthodontist, it was clear the staff team worked and communicated well together. We found the management team were supported and empowered by the specialist orthodontist. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service. Such as replacing missing oxygen signage and replacing out of date needles.

### Vision and strategy if applicable

There was a clear vision and set of values. The practice ethos was to provide the highest standard of patient centred care. The practice aims and objectives were set out in the practice Statement of Purpose and included;

- To provide the local community with a family friendly practice.
- To ensure the practice provided patient satisfaction by giving patients the opportunity to feedback their comments on the service.
- To promote high standards of oral health to all patients in order to prevent dental disease.
- To provide high quality dental care to all patients.

- To provide caring dentistry to patients that are anxious or concerned or anxious about treatment in order that they feel comfortable with their dental care.

The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality sustainable care.

Staff told us that they felt supported and could raise any concerns with the practice manager and the specialist orthodontist. All the staff we met said that they were happy in their work and were proud to work in the practice.

The practice focused on the needs of patients.

The management team advised of procedures in place to take effective action to deal with poor performance should the need arise.

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.

The practice held daily team huddles and monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The specialist 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.

There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

The practice was a member of the British Dental Association's Good Practice Scheme and had won a number of customer service excellence awards.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards, verbal comments and social media feedback to obtain patients' views about the service. Patients were actively encouraged to complete a feedback form at every visit, which sought feedback about the quality of their care, cleanliness and the explanation of their treatment amongst other things. The completed forms were displayed in the staff area. Those we reviewed indicated respondents were very happy with all aspects of the service provided. The practice actively monitored patient feedback on social media sites, we noted this was predominantly positive with the practice scoring 4.9 stars from 48 reviews, however where an issue had been raised the practice were able to evidence they had reviewed this and responded to the concerns.

The practice 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**

There were systems and processes for learning, continuous improvement and innovation.

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

The specialist orthodontist and management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general well being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.