

Orthoworld 2000 Limited

Orthoworld 2000 Chelmsford

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located within a purpose adapted residential dwelling in Chelmsford, Essex and offers orthodontic treatments (dental treatment which involves the improvement of the appearance and position of mal-aligned teeth) by referral only.

The practice is open between 7.40am and 4.45pm on Mondays, Tuesdays and Wednesdays, between 7.40am and 5.15pm on Thursdays and between 7.40am and 1.40pm on Fridays.

The practice employs one specialist orthodontist, two orthodontic therapists, one qualified dental nurse and one trainee dental nurse. The dental team are supported by a practice manager, a treatment coordinator and a receptionist.

The practice is registered with the Care Quality Commission (CQC) as an organisation. The practice has a registered manager. 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.

The practice has three treatment rooms, a combined waiting room and a reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

Summary of findings

We received feedback from 12 patients who completed CQC comment cards prior to our inspection visit. We also spoke with five patients during our inspection visit. Patients made positive comments about the excellent care and treatment that they received. They also commented positively about the cleanliness of the premises, the kindness and responsiveness of staff. Patients told us that staff explained treatment plans to them in a way that they could easily understand. Patients reported that they could access appointments that suited them including on the same day for emergency treatment.

Our key findings were:

- The practice had systems in place for investigating and learning from complaints, safety incidents and accidents. Staff were aware of their responsibilities to report incidents.
- The practice was visibly clean and clutter free. Infection control practices were reviewed and audited to test their effectiveness.
- There were systems in place to help keep people safe, including safeguarding vulnerable children and adults. Staff had undertaken training and were aware of their roles and responsibilities in relation to this.
- Risks to the health, welfare and safety of patients and staff were regularly assessed and managed. These included risks in relation to fire, legionella and risks associated with premises and equipment.
- The practice reviewed and followed guidance in relation to orthodontic dentistry.
- The practice had the recommended medicines and equipment for use in the event of a medical emergency and staff were trained in their use. Records were maintained in respect of the checks carried out for these medicines and equipment.
- Staff were supported, supervised and undertook training in respect of their roles and responsibilities within the practice.
- Patients reported that they were treated with respect and that staff were polite and helpful.
- Patients were involved in making decisions about their care and treatments.
- Effective governance arrangements were in place for the smooth running of the service.
- Audits and reviews were carried out to monitor and improve services. Learning from audits and reviews was shared with relevant staff and action plans were developed to secure improvements where these were identified.
- Patients' views were sought and these were used to make improvements to the service where these were identified.

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 provide safe care and treatment and to assess and minimise risks. This was achieved through risk assessments and audits. The results from these were shared with staff and learning acted upon to improve safety within the practice.

The practice had procedures in place to safeguard children and vulnerable adults. There was an appointed safeguarding lead identified to oversee and monitor the safeguarding procedures. All staff undertook regular training appropriate to their roles and staff who we spoke with understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance. The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions. The practice had the recommended range of equipment and medicines for use in medical emergencies and staff undertook regular training updates in basic life support.

New staff were appropriately recruited in line with the practice recruitment procedures.

No action



Are services effective?

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

The practice specialised in orthodontic treatment for straightening teeth. National Institute for Health and Care Excellence (NICE), British Orthodontic Society's guidance, Department of Health, national best practice and clinical guidelines were considered in the delivery of orthodontic care and treatment for patients. The treatment provided for patients was effective, evidence based and focussed on the needs of the individual.

There were systems in place to ensure that a patient's medical history was obtained and reviewed to help the dentist identify any risks to patients. Oral assessments were carried out in line with current guidance. This information was regularly reviewed and used to plan patient care and treatment. Patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors recorded.

Patients were offered options of treatments available and were advised of the associated risks and intended benefits. Consent to care and treatment was sought in line with current relevant guidelines. Patients were provided with a detailed written treatment plan which detailed the treatments considered and agreed together and the fees involved.

Patients were referred to other specialist services where appropriate and in a timely manner.

No action



Summary of findings

The dentist, dental therapists and dental nurses were registered with the General Dental Council (GDC). Staff were supported and provided with training and personal development to help them deliver effective dental care and treatment.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Staff had access to these procedures and were aware of their responsibilities in relation to these.

The patients who completed CQC surveys said that they were treated with respect and kindness by staff. They said that the dentist, dental nurses and receptionists were professional, caring and welcoming.

A private room was available should patients wish to speak confidentially with the dentist or reception staff. Staff had access to policies around respecting and promoting equality and diversity.

The practice had procedures to assist patients to be involved in making decisions about their dental care and treatment.

No action



Are services responsive to people's needs?

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

Orthodontic treatments were provided on a referral basis only.

The practice was open between 7.40am and 4.45pm on Mondays, Tuesdays and Wednesdays, between 7.40am and 5.15pm on Thursdays and between 7.40am and 1.40pm on Fridays.

The practice had considered the needs of patients who may require additional support and had made reasonable adjustments. There were no dental surgeries located on the ground floor and staff told us that should patients be unable to access the surgeries on the first floor that they would be offered treatment at one of the organisations other dental practices, which was located nearby.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them. Complaints were investigated and responded to in a timely way and patients were provided with an apology and an explanation as appropriate.

No action



Are services well-led?

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

There were governance arrangements and leadership within the practice to ensure that appropriate systems were in place to monitor and improve the quality and safety of services.

No action



Summary of findings

The practice had systems in place to carry out regular audits to monitor areas including health and safety, fire safety, infection control and staff training and development. Regular dental records and X-ray audits were carried out to ensure that dental treatments were carried out in line with the relevant guidance and to make improvements as needed.

There were arrangements in place to ensure that training was accessible to staff. Learning and development needs of staff were reviewed at appropriate intervals and staff received appropriate appraisal or supervision.

The practice had systems to obtain and act on feedback from patients and used this to improve the quality of the service provided.

Orthoworld 2000 Chelmsford

Detailed findings

Background to this inspection

The inspection was carried out on 11 November 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one dentist, two dental nurses, the practice manager, the area manager and five patients. We reviewed policies, procedures and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events, accidents, incidents and complaints. The dentist and staff who we spoke with were aware of the practice reporting procedures including reporting accidents and incidents and their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice policies were regularly reviewed and were accessible to all staff. Records which we were shown demonstrated that all accidents, incidents and 'near misses' were investigated, discussed during practice meetings and that learning was shared and action taken to help minimise recurrences. Staff who we spoke with were able to describe changes to practice, which had been implemented as a result of complaints or other incidents.

The dentist was aware of their responsibilities under the duty of candour and there was a policy in place in relation to this. This described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues. The practice manager and dentist who we spoke with were open and transparent when discussing complaints and safety incidents which had occurred at the practice,

The dentist and the practice manager were aware of recent relevant alerts 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. They were able to demonstrate that they had reviewed these alerts and taken appropriate actions. There were systems in place for reviewing, sharing and acting on relevant alerts.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and children and staff undertook role specific training. The practice policies included the contact details for the local authority's safeguarding team, social services and other relevant agencies. The dentist, dental

nurses and reception staff who we spoke with were able to describe how they would act if they had concerns about the safety or welfare of patients. They were also aware of whom to report concerns to including reporting to external agencies if required.

The practice had a whistleblowing policy which described how staff could raise concerns. Staff who we spoke with were able to demonstrate that they were aware of this policy. They told us they felt confident and supported to raise concerns without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. There were systems in place to ensure that all staff undertook regular training in basic life support and that they understood their roles and responsibilities in this area. Staff who we spoke with were aware of their roles and responsibilities in relation to dealing with a range of medical emergencies.

The practice had the recommended range of medicines including oxygen for use in a medical emergency in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

The practice also had appropriate emergency equipment available including portable suction equipment, airways and 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). The emergency medicines and equipment were checked on a monthly basis to ensure that they were available, fit for use and in date should they be required.

Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, employment references, checking skills and qualifications and registration with relevant professional bodies. We reviewed the records for two members of staff who had been recently employed to work at the practice. These records showed that the practice recruitment procedures were followed and all of the appropriate checks were carried out. We saw that all relevant staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks

Are services safe?

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.

All new staff undertook a period of induction during which they completed a detailed induction programme and had the opportunity to familiarise themselves with the practice policies and procedures.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

Monitoring health & safety and responding to risks

The practice had a range of policies and procedures to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and appropriate safety risk assessments had been carried out to identify and assess risks associated with the practice premises and equipment. Any issues arising from these assessments were acted upon promptly and shared with relevant staff.

There were procedures for dealing with fire including safe evacuation from the premises. There was a detailed fire risk assessment and this was reviewed regularly. Fire safety equipment was regularly checked and fire safety procedures were discussed at practice meetings.

The practice had detailed records in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. 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 the practice had a system in place to regularly update their records to include receiving COSHH updates and changes to health and safety regulations and guidance.

Infection control

There was an infection control policy which was reviewed regularly. All staff undertook regular role specific infection control training which included decontamination of dental instruments and hand hygiene. Staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Records showed that all relevant 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.

All areas of the practice were visibly clean, organised and uncluttered. There were systems in place for cleaning in the dental surgeries, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly. Regular infection control audits were carried out to test the effectiveness of the infection prevention and control procedures. Infection control procedures and the results from audits were discussed during the practice meetings to ensure that learning or areas for improvement were understood and acted on.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. The dental nurse demonstrated the procedure for cleaning and sterilising dental instruments and this was in line with published guidance (HTM01-05). The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which 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 they were functioning properly. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and posters describing proper

Are services safe?

hand washing techniques were displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. Gel hand sanitisers were available in the patient waiting area.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery and staff who we spoke with could demonstrate that they understood and followed these procedures.

Clinical waste including sharps was stored securely for collection. The dental practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were effective procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice had systems for carrying out regular legionella risk assessments. We found that appropriate measures were in place including regular monitoring of hot and cold water temperatures, flushing and disinfection of waterlines and water sample analysis to help detect the likelihood of any contamination.

Equipment and medicines.

The practice had systems in place checking equipment and medicines. Regular Portable Appliance Testing (PAT) checks were carried out for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Records were kept in respect of checks and maintenance carried out for equipment such as the X-ray equipment and autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates.

Radiography (X-rays)

The practice had a radiation safety policy in place and was registered with the Health and Safety

Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records we were shown demonstrated that the dentist, orthodontic therapists and dental nurses were to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000. One of the dentists was listed as the radiation protection supervisor to oversee practices and ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including service and maintenance history.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had systems in place to regularly check that X-rays were being carried out safely and in line with current guidance. Patient records we reviewed showed that X-rays were justified and graded. The practice had systems in place for carrying out regular audits to assess the quality of dental X-rays in accordance with the Faculty of General Dental Practice (FGDP) UK guidelines to help ensure that X-rays were appropriately justified and correctly graded to an acceptable standard. The results of these audits were analysed and where areas for improvements were identified these were shared with the relevant dentists and development plans were implemented, reviewed and monitored to secure improvements.

We reviewed the results from the most recent audit and found that 82% of X-ray images were grade 1 (images with no errors in exposure, positioning or processing) and 18% were grade 2 (diagnostically acceptable with some errors of exposure, positioning or processing which do not detract from the diagnostic utility of the radiograph). These results showed that radiographs were graded within the current guidelines,

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had a range of policies and procedures in place for assessing and treating patients. The dentist and orthodontic therapists were familiar with, and used current professional guidance for dentistry, and specifically orthodontics. The British Orthodontic Society's (BOS) guidelines were used routinely in care and treatment of their patients.

Patients attending the practice for consultation and treatment underwent an assessment of their dental health. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. Patients were asked to confirm any changes in their health at subsequent visits. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment.

The dentist and therapists at the practice were trained in orthodontics. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Different types of braces were used to straighten teeth and details of the treatment provided were documented.

The clinicians told us they carried out oral examinations including an assessment of patients gums and soft tissues to help identify any abnormalities. They told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs.

Dental records which we were shown included a detailed description of the patients' medical history, the dental examinations and treatments carried out and discussions held with patients about the treatment options available.

Health promotion & prevention

The dental practice provided a comprehensive range of patient information. This included a detailed guide to orthodontic treatment which patients were able to take away and refer to during their treatment. The guide included information about orthodontic treatment including the approximate duration of treatment, the different types of orthodontic appliances, how to care for these and oral hygiene.

A range of information leaflets were available within the reception and waiting areas. Staff told us that they offered patients information about effective dental hygiene and oral care. Patients were shown dental models and provided with demonstrations on how to maintain their orthodontic appliances and good oral hygiene.

Staffing

The dentist, orthodontic therapists and dental nurses working at the practice were currently registered with their professional body and there were arrangements in place to ensure that clinical staff were maintaining their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. One trainee dental nurse was being supported to complete training towards their diploma in dental nursing.

The practice had a staff training programme, which was monitored and reviewed to ensure that staff undertook training relevant to their roles and responsibilities. Records which were shown demonstrated that completed regular training updates in areas such as safeguarding, infection control, fire safety and basic life support.

There were systems in place to carry out an annual appraisal and periodic reviews of individual staff performance from which a personal development plan was agreed. These development plans were reviewed periodically throughout the year to ensure that staff received the support and training to meet their needs.

Staff who we spoke with told us that they received the support and training to help them fulfil their roles and responsibilities.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. The referrals were based on the patient's clinical need.

The practice had systems in place to regularly monitor its referrals process to ensure that these were made in a timely way and followed up appropriately.

Consent to care and treatment

The practice had policies and procedures in place for obtaining patients consent to their orthodontic treatment.

Are services effective?

(for example, treatment is effective)

Patient dental records which we were shown included details of discussions between the dentist and patient in respect of the proposed treatment. Records also included detailed information about treatment options, intended benefits and potential risks. The treatment plans were then agreed and patient's consent was obtained before the treatment commenced. Staff were aware that consent could be removed at any time.

We reviewed the results from the practice NHS Friends and Family Test (FFT) and the comments made by the 12 patients who completed CQC comment cards and these demonstrated that patients were provided with sufficient information to assist them in making informed decisions and give their consent to treatment.

These procedures for obtaining patient consent included reference to current legislation and guidance including the Mental Capacity Act (MCA) 2005 and staff had undertaken training in respect of how this act relates to dentistry. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. These policies and procedures were accessible to staff and kept under review to ensure that they reflected any changes in guidance or legislation. Staff who we spoke with were able to demonstrate that they were aware of and adhered to the practice MCA procedures.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Staff who we spoke with were able to demonstrate that they were aware of and followed these procedures. If a patient needed to speak confidentially they would speak to them in a private room. All discussions held in relation to treatment were carried out within the dental surgeries.

Staff understood the need to maintain patients' confidentiality. The practice manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. Staff undertook training in relation to information governance, which included the procedures for obtaining, handling and storing patient information. Staff who we spoke with were able to demonstrate that they understood the practice policies and procedures and their responsibilities in relation to these.

The results from the NHS Friend and Family Test (FFT) and the comments made by the 12 patients who completed CQC comment cards indicated that patients were treated with compassion, dignity and respect.

Involvement in decisions about care and treatment

The practice provided patients with a range of information to help them understand and be involved in making decisions about their care and treatment. Patients who completed the practice FFT survey and those who completed CQC comment cards indicated that the dentist explained their treatments in a way that they could understand and that they were involved in making decisions about their dental care and treatment.

The practice had policies and procedures in place in relation to the Gillick competency test. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. All staff who we spoke with were aware of these procedures.

The practice had procedures in place for meeting the needs of people who may require extra support. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the waiting area and on the practice website described the range of services available, the referral process, the practice opening times and how to access emergency treatment when the practice was closed. Information was also available explaining the practice's complaints procedure. A range of information leaflets on oral care and treatments were available in the practice and information was also available on the practice website.

The practice was open between 7.40am and 4.45pm on Mondays, Tuesdays and Wednesdays, between 7.40am and 5.15pm on Thursdays and between 7.40am and 1.40pm on Fridays.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients who may require extra support. Staff had undertaken training and they told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The dental practice was located on the ground and first floor of a purpose adapted residential property. The premises did not have a dental surgery located on the ground floor and staff told us that if patients required a ground floor room that they could be seen at one of the organisations other dental practices, which was located nearby.

The practice had sufficient space to accommodate patients who used wheelchairs and a hearing loop to assist hearing impaired patients who used a hearing aid device.

The practice manager told us that they had could access a translation service for patients whose first language was not English should this be required.

Access to the service

Access to appointments for orthodontic treatment was by referral only.

Staff told us that appointments usually ran to time and that they advised patients if the dentist was running behind time.

For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to NHS 111 telephone number to access out of hours emergency advice or treatment.

Concerns & complaints

The practice had a complaints policy and procedures. This was in line with its obligations to investigate and respond to complaints and concerns. The practice manager was the dedicated complaints manager.

Information which described how patients could raise complaints was displayed in the waiting area and on the practice website.

The practice had systems for investigating and responding to complaints. We were told that no complaints had been made within the previous 12 months.

The practice manager told us that complaints and the outcome of the complaint investigations would be shared with relevant staff in order to make improvements as needed.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a range of policies and procedures including the recruitment policy, health and safety policy and an infection prevention and control policy. There were systems in place to ensure that these were followed consistently. The policies and procedures were detailed, practice specific and kept under review to ensure that they reflected the day to day running of the practice.

The practice had systems to carry out audits of various aspects of the service such as dental records and X-ray audits in accordance with current guidelines. We saw that the results from these audits were shared with relevant staff and areas for improvement were identified and actions plans were developed to secure improvements,

There were clear systems for reporting accidents, incidents and complaints and learning from when things went wrong was shared with staff and used to make improvements to the service where needed.

There were a number of systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, X-rays and X-ray equipment and legionella were regularly assessed.

Leadership, openness and transparency

There was clear leadership and oversight at the practice. The practice team was small and the practice manager, dentist, orthodontic therapists and other staff shared lead roles in key areas such as safeguarding, infection control and patient safety. Staff who we spoke with were very clear about their roles and responsibilities.

The practice manager and staff could demonstrate that they understood and discharged their responsibilities to

comply with the duty of candour and they told when there was an incident or accident that affected a patient the practice acted appropriately and offered an apology and an explanation. All staff who we spoke with said that they could raise concerns or any other matters and that these would be received and addressed in an open and transparent manner,

Learning and improvement

The practice had a structured plan in place to audit quality and safety. Relevant information was shared with staff during daily communications and regular practice meetings.

We saw that the results of audits were used to address areas where improvements were identified and that this was done in a structured way through action plans and personal development plans.

The practice had systems in place for staff to undertake an annual appraisal of their performance and other periodic reviews to help ensure that staff were supported. There were systems in place to ensure that staff undertook regular training updates in areas relevant to their roles and responsibilities.

Learning from accidents, incidents and complaints was shared, acted upon and reviewed to secure improvements where needed.

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

The practice had effective systems for acting on patient and staff feedback. Patients' views and feedback was sought by way of a regular and ongoing satisfaction questionnaire. The results from these questionnaires were analysed and shared with staff to highlight good practice and any areas for improvement.

Regular staff meetings were held and staff who we spoke with told us that their views were sought and they could make suggestions about how improvements could be made to the service.