

Dr. Keith Pearson

Grosvenor Orthodontic Clinic

Inspection Report

18 Beckenham Road
Beckenham
Kent
BR3 4LS

Tel: 020 8658 8090

Website: <http://www.theorthodontist.co.uk>

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Overall summary

We carried out an announced comprehensive inspection on 28 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Grosvenor Orthodontic Clinic is a dental practice located in the London Borough of Bromley. The premises are situated in a converted residential-building over three floors. There are five treatment rooms situated on the ground and first floors. There is also a dedicated decontamination room, an X-ray room, two reception areas, two patient toilets, a range of administrative offices and a staff room.

The practice provides NHS and private services to adults and children. The practice specialises in the provision of orthodontic treatments.

There are twenty-two members of staff including four orthodontists, three orthodontic therapists, eight dental nurses, a practice co-ordinator and a patient care co-ordinator, as well as a range of other support staff, such as laboratory or decontamination assistants, administrative, and reception staff. On the day of the inspection there was also a practice manager, who worked with nine practices owned by the same provider, and a health and safety advisor employed by the provider to work with a range of practices.

The practice opening hours are from 9.00am to 6.00pm on Monday, from 8.00am to 7.00pm Tuesday to Thursday, from 8.00am to 5.00pm on Friday and from 9.00am to 1.00pm on Saturday.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We were informed that the practice had been taken over by Oasis Dental Care in February 2015 and changes to the registration with CQC were in progress at the time of the inspection.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Two people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances. However, not all of the clinical staff had completed safeguarding training.
- There were forms available to keep a record of any incident which could be used by the practice for shared learning. Staff were aware of these, but improvements could be made to ensure that all staff understood the process clearly.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced. However, we found that there were two air compressors which had not been serviced in the recommended time frames.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and the majority of staff told us they were well supported by the management team. However, further improvements could be made to ensure that all staff understood new management structures that had been put in place.
- There were governance arrangements in place, however further improvements could be made to the use of audits and risk management processes to monitor the quality and safety of the services.

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

- Review the systems for checking and monitoring equipment to ensure that all equipment is well maintained.
- Review the practice's safeguarding training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's audit and risk assessment protocols for various aspects of the service to ensure that all risks are identified and minimised in a timely manner.
- Review staff understanding of governance and management structures to ensure that new systems are used effectively for monitoring and improving the quality of the service.

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 in place to minimise the risks associated with providing dental services.. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography.

There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. However, not all staff had completed formal safeguarding training at the time of the inspection.

We found the equipment used in the practice was well maintained and checked for effectiveness. The exception to this was the maintenance of the two air compressors, which had not been serviced within the past three years.

Improvements could also be made to the infection control processes, which although generally robust, required some minor amendments.

The practice manager responded promptly to our feedback on these topics and sent us confirmation via email, after the inspection, that these issues were being addressed.

Are services effective?

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

The practice specialised in orthodontic treatment for straightening teeth. Patients received an assessment of their dental needs including recording and assessing their medical history. The practice monitored patients' oral health and gave appropriate health promotion advice. The practice kept detailed dental records of oral health assessments; treatment carried out and monitored outcomes of treatment. Current clinical guidelines were considered in the delivery of orthodontic care and treatment. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were working towards meeting all of the training requirements of the General Dental Council (GDC). However, staff had not received appraisals within the past year to discuss their role and identify additional training needs. The practice manager demonstrated that plans were in place to carry out such appraisals within the next six months.

Are services caring?

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

The practice provided clear, written information at the practice which supported people to make decisions about their care and treatment. The orthodontists and orthodontic therapists also demonstrated that they provided people with explanations about the risks and benefits of different treatments. These conversations were documented in patients' dental care records. This supported people to be involved in making their own choices and decisions about their dental care.

We received positive feedback from patients. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Summary of findings

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The culture of the practice promoted equality of access for all. The practice was wheelchair accessible with some treatment rooms situated on the ground floor.

There was a complaints policy in place. One complaint had been recorded and appropriately investigated within the past year. Patient feedback, through the use of a monthly patient satisfaction survey, was used to monitor the quality of the service provided.

Are services well-led?

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

Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures and staff meetings. Audits, risk assessments and staff meetings were used to monitor and improve the quality of care. However, these processes had not always been used effectively. For example, air compressors had not been serviced within appropriate time frames, staff training needs had not been systematically identified and acted on, and the structure of audits had not allowed for the orderly monitoring of staff. We found the practice management was responsive to our feedback in this area and acted promptly to resolve these issues.

The practice used patient feedback to monitor the quality of the service. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other. However, recent changes in leadership and governance structures had not always been successfully communicated to staff.

Grosvenor Orthodontic Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 28 April 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with nine members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Two people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was an accidents reporting book. Two accidents had occurred within the past year. There was also a system in place for reporting and learning from incidents. There had been one significant event related to a patient in the past year. This had been investigated and staff had discussed their response to the event at a training session with a view to identifying anything that could have been done better.

We discussed the investigation of incidents with a range of staff. They told us that they were committed to operating in an open and transparent manner. Patients would be told if they were affected by something that went wrong; they would investigate any such incidents, offer an apology to patients, and inform them of any actions that were taken as a result. Improvements could, however, be made to ensure staff were aware of the Duty of Candour requirements. [Duty of Candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

We also noted that some staff were unaware of changes to the systems for reporting and investigating incidents following the implementation of a new process when the provider took over the practice operationally in September 2015. We discussed this issue with the provider's health and safety advisor. They confirmed that further training would be delivered to ensure that all members of staff were aware of the new protocols.

Reliable safety systems and processes (including safeguarding)

The practice co-ordinator was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. The practice had a well-designed safeguarding policy which referred to national guidance. This contained information about the local authority contacts for safeguarding concerns.

There was evidence in some of the staff records that we checked which showed that staff had received training in safeguarding adults and children, though not all of the clinical staff had been trained. We raised this issue with the practice manager. They held an in-house training session, developed by the provider, with twelve members of staff on the day of the inspection. The remaining staff, we were told, would be asked to complete this training on their next available day at work. The practice manager sent us a schedule of training dates, after the inspection, confirming that all staff training would be completed by the end of May 2016.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of sharps injuries. Staff were clear that the orthodontists were responsible for the disposal of wires and other sharps used in orthodontic treatment. There was a practice protocol in place for staff to follow in the event of a sharps injury.

There had been two sharps injuries affecting different members of staff in the past year. We reviewed the actions taken following these injuries. We found that staff had taken action to protect themselves and their patients from further risk of harm. However, the practice had not systematically reviewed these incidents to establish what, if any, further actions could be taken to prevent these incidents from recurring. The provider's health and safety advisor noted our feedback on this topic and told us that further staff training on this issue would be provided.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction, in line with the Resuscitation Council UK guidelines (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The oxygen cylinder was being regularly checked by a member of staff to ensure that it remained effective. However no such check of the AED was being carried out. We discussed this with the relevant members of staff; they confirmed that such a check would now be carried out regularly. The airways equipment was also not appropriately bagged or sealed.

Are services safe?

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to staff. Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment.

Staff recruitment

At the time of the inspection, there were twenty-two members of staff including four orthodontists, three orthodontic therapists, eight dental nurses, a practice co-ordinator and a patient care co-ordinator, as well as a range of other support staff, such as laboratory or decontamination assistants, administrative, and reception staff.

The majority of the staff had worked at the practice over a number of years. However, there had been one new member of staff recruited since the change in provider. We reviewed the recruitment protocols in relation to this member of staff. There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We checked the newest member of staff's records and saw that all of these checks had been carried out.

We also reviewed the staff records for six other members of staff. It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that members of staff had a DBS check. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

There was a business continuity plan in place. There was an arrangement in place to direct patients to other local practices for emergency appointments in the event that the practice's own premises became unfit for use. Key contacts in the local area were kept up to date in the plan for reference purposes in the event that a maintenance problem occurred at the premises.

The practice had a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). Relevant alerts were disseminated to all staff via email or through a staff 'pigeon hole' system.

Infection control

There were systems in place to reduce the risk and spread of infection within the practice. One of the dental nurses was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The practice had recently instigated a system of infection control audits to monitor the effectiveness of the protocols. The first of these audits had been carried out in April 2016. The practice aimed to carry out infection control audits on a six-monthly basis.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in the treatment room, decontamination room and toilets. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked one of the dental nurses to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the

Are services safe?

practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. Nursing staff told us that the procedure included the treatment of the dental water lines, although this was not explicitly stated in the written guidance.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor in 2013. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record had been kept of the outcome of these checks on a monthly basis.

The practice used a decontamination room for instrument processing. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised. Instruments were transported from the treatment rooms to the decontamination room in lidded boxes. However, safety could further be improved by ensuring that these boxes had lockable lids.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The decontamination room was partitioned to separate 'dirty' from 'clean' zones.

Instruments were cleaned in an ultrasonic bath and inspected under an illuminated magnifier to check for any remaining debris. Following this, the instruments were placed in an autoclave (steriliser).

When instruments had been sterilized, they were pouched and stored appropriately, until required. All of the pouches we checked had a date of sterilisation and an expiry date. However, we noted that separate, sterilised instrument trays, or single-use instrument trays, were not in use for each patient in line with HTM 01-05 guidance. Instead the practice re-used trays and covered these with new paper between uses. We raised this concern with the practice manager, who told us that a new protocol, in line with the guidance, would now be established.

We saw that there were systems in place to ensure that the autoclave and ultrasonic baths were working effectively. These included, for example, the automatic control test, steam penetration test, ultrasonic activity ('foil') test and protein residue test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location outside the practice prior to collection by the contractor. However, we noted that the clinical waste bin, which contained used sharps, had not been suitably secured. Waste consignment notices were available for inspection.

Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme. However, mops used to clean different areas were inappropriately stored on top of each other.

Staff files showed that staff periodically attended training in infection control, although the lead nurse for infection control needed further, formal annual training. The practice manager and practice co-ordinator were aware of the need for all staff to refresh training in this area and had recently requested that all staff complete the provider's online training scheme.

Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff

Are services safe?

and patients. (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 blood borne infections.)

Equipment and medicines

The practice carried out equipment checks in line with the manufacturer's recommendations. For example, portable appliance testing (PAT) for all electrical equipment was being carried out on the day of the inspection.

The two ultrasonic baths were newly purchase in July 2015 and had not yet required inspection or servicing. A Pressure Vessel Certificate for the autoclave had been issued, in accordance with the Pressure Systems Safety Regulations 2000. However, the two air compressors had not been inspected or serviced in the past three years. We raised this as a concern with the practice management team. They confirmed via email, after the inspection, that a request had been made for an external contractor to visit and inspect this equipment.

The practice stored glucagon, for use in medical emergencies, in the fridge. The practice had not monitored the minimum and maximum temperature of the fridge on a daily basis. Therefore the practice could not be assured that product had been consistently stored within the correct temperature range. We discussed this with the management team who noted the manufacturer's recommendation to refer to the date of purchase and allow for a reduced shelf life of 18 months prior to re-ordering this item.

Radiography (X-rays)

The practice had an X-ray room containing an OPG (or orthopantomogram) [An OPG (or orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these]; it was also possible to take CBCT scans (cone beam computed tomography). There was a radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

There was evidence in the file that staff had completed radiography and radiation protection training. We noted that all the orthodontists and some of the dental nurses were qualified to take X-rays, however a full list of the total number of X-ray operators was not clearly available. The practice manager wrote this list, and made it available to us, on the day of the inspection

This file contained the names of the Radiation Protection Advisor, but was lacking the name for the Radiation Protection Supervisor. The file did contain the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules. The local rules had not been dated.

Audits on X-ray quality were undertaken at regular intervals. However, we noted that the audit structure, which was done on a per orthodontist basis, did not allow for an assessment of each, individual X-ray operator's effectiveness. For example, the results of the audit could not assess each dental nurse's performance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The orthodontist we spoke with demonstrated that they carried out consultations, assessments and treatments in line with recognised general professional guidelines. They described to us how they carried out their assessment and treatment of patients. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination of the patients jaw and tooth relationships and the factors that affected these relationships. X-rays and CBCT (cone beam computed tomography scans) were taken appropriately, in line with recognised guidance, to inform the orthodontist's assessment of their patients' needs. Following the clinical assessment the diagnosis was then discussed with the patient, their parents, guardians or carers and treatment options explained in detail.

The practice used orthodontic therapists to improve the outcomes for patients (Orthodontic therapists are registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist). We spoke with one of the orthodontic therapists working at the practice. They told us they worked within their scope of practice to prescriptions provided by an orthodontist. Patients being treated by the orthodontic therapists also had their case reviewed by an orthodontist on every third visit, in line with professional guidelines.

We found from our discussions with clinical staff that dental care records, including details of assessments and treatment plans, were kept and reviewed appropriately in line with The National Institute for Health and Care Excellence (NICE) and national orthodontic guidelines (for example, from the British Orthodontic Society). The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved if private orthodontic treatment had been proposed. Patients were monitored through follow-up appointments.

Health promotion & prevention

The practice staff could demonstrate that they were aware of the Department of Health publication 'Delivering better oral health: and evidence based toolkit for prevention' and were working in line with this guidance. ('Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

The practice staff told us that they considered that oral hygiene was an important factor in facilitating good orthodontic treatment. The orthodontists and orthodontic therapists provided oral health advice. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products specifically designed for orthodontic patients. Smoking and alcohol advice was also given, where relevant.

There were a range of information leaflets available in the treatment rooms and waiting areas which contained information about effective dental hygiene during orthodontic treatment. Staff told us they regularly used these leaflets as a way of facilitating learning around oral hygiene with their patients. Oral health products were also available for sale at the reception desk.

Staffing

Staff told us they received appropriate professional development and training. We checked the records for seven members of staff and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, infection control, and radiography and radiation protection training. We noted that some training was due for renewal or updating. The new provider had an online training system and staff had recently been asked to renew their infection control training using this system.

The dental nurses and orthodontic therapist told us they had been well supervised by the orthodontists. However, the staff records showed that none of the staff had attended yearly appraisal meetings. We discussed this with the practice manager. They showed us that the provider had an appraisal policy in place and that staff appraisals were due to take place with all members of staff before the end of September 2016.

Some staff expressed the need for further reassurance and explanation of changes made by the new provider.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

The orthodontist and practice co-ordinator explained how they worked with other services, when required. The orthodontists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for more complex cases where jaw alignment discrepancies warranted a further review. Patients were also referred internally to other orthodontists with particular specialisms. There were also systems in place for referring patients to hospital consultants using a fast track process for patients with a suspected case of cancer.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. A copy of the referral letter was available to patients, on request. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to one of the orthodontists about their understanding of consent. They explained that individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Patients were asked to sign formal, written consent forms and copies of these were held with the patient's dental care record.

All of the staff members were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The orthodontist was able to describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive and referred to the staff's caring and helpful attitude. We also reviewed the results from the practice's own monthly survey of patient satisfaction. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. Patients who felt they were nervous about dental treatment indicated that their dentist was calm, worked with them, listened to their concerns, and gave them reassurance throughout the processes of the dental treatment.

Staff were aware of the importance of protecting patients' privacy and dignity. For example, the treatment room doors were closed at all times when patients were having treatment.

Staff understood the importance of data protection and confidentiality and had received training in information governance. They were careful not to discuss issues concerning individual patients in the reception areas.

Patients' dental care records were stored in both paper and electronic formats. Records stored on the computer were password protected and regularly backed up. Paper records were stored in locked filing cabinets and were not left unattended in the reception area.

Involvement in decisions about care and treatment

The practice displayed information in the reception area which gave details of the NHS and private dental charges or fees. Information about the practice and its range of services was also available in an information leaflet in the reception area and on the practice's website

We spoke with a range of clinical staff on the day of our inspection. They told us they worked towards providing clear explanations about treatment and prevention strategies. They used a range of strategies, including information leaflets and 3-D computer modelling of patients' jaws, to support their explanations of the possible treatment options. We saw evidence in the dental care records that the staff recorded the information they had provided to patients about their treatment and the options open to them. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. Some treatments had standardised timings, but the orthodontists and orthodontic therapists could determine the length of time needed for each appointment depending on their knowledge of each patient's needs. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

One of the dental nurses, who also worked as a receptionist, told us that patients could book an appointment in good time to see the orthodontists or orthodontic therapists. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours and guides to different types of dental treatments. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. There was an equality and diversity policy which staff were following. The practice staff were aware of a telephone interpreter service which could be used to support people to access the service.

The premises were wheelchair accessible, with access via a ramp at the entrance and some of the treatment rooms situated on the ground floor. There was also a disabled toilet.

Access to the service

The practice opening hours are from 9.00am to 6.00pm on Monday, from 8.00am to 7.00pm Tuesday to Thursday, from 8.00am to 5.00pm on Friday and from 9.00am to 1.00pm on Saturday.

We asked the one of the dental nurses about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment.

We were told that patients who needed to be seen urgently, for example, because a wire on a brace had come loose, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards and through reviewing the results of the practice's survey confirmed that patients had good access to the clinical staff in the event of needing emergency treatment.

Concerns & complaints

Information about how to make a complaint was displayed in a patient information folder and on a notice board in the waiting areas. Patients were directed to ask the staff at the reception desk for further information about how to complain. We viewed a copy of the complaints policy and saw that it described how the practice handled formal and informal complaints from patients. There had been one complaint recorded in the past year. We saw that this had been investigated and responded to in line with the practice policy.

Patients were invited to give feedback through a monthly patient satisfaction survey; we noted that between 15 to 20 responses were recorded each month. Patients could also provide feedback through the NHS 'Friends and Family' test. We reviewed the information received from these two sources. The information collected demonstrated that patients were satisfied with their care.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a management structure. The governance arrangements had recently been reviewed and changes in leadership roles had been implemented by the new provider. There were relevant policies and procedures in place. Records related to patient care and treatments were well maintained.

Practice staff told us regularly attended staff meetings on a monthly basis where key governance issues were discussed and policies and protocols were reviewed. We checked the minutes from these meetings. We saw that topics such as record keeping and responding to medical emergencies, and patient feedback were discussed.

There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. However, improvements were required to suitably minimise risks. For example, the air compressors had not been regularly serviced and the management staff were not aware of this issue prior to our inspection.

Leadership, openness and transparency

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping, and X-ray quality. The practice manager demonstrated how the outcome of these audits had been used to improve the quality of the service. For example, the outcome of a clinical record keeping audit had identified the need to improve the discussion and recording of X-ray information. This has then been reviewed at a clinical staff meeting with a view to engaging clinical staff in the process of improvement.

However, the audit systems had not always been used effectively. For example, the new infection control audit which had been carried out in April 2016 did not identify concerns noted by the inspection team. We also found that the X-ray audit had not been carried out on a per operator basis with a view to monitoring individual performance.

Staff were supported to pursue development opportunities. For example, some of the dental nurses had completed additional training to allow them to carry out

X-rays. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

Learning and improvement

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the orthodontists, practice manager or practice co-ordinator. They felt they were listened to and responded to when they did so. However, some staff noted the length of time it took for the provider to respond to their concerns and that there was a lack of clarity around roles and responsibilities following the change in provider and governance structures. New protocols, such as those related to incident reporting and investigation, were also not fully understood.

We found staff to be hard working, caring and committed to their work. However, staff had not yet been engaged in a system of yearly staff appraisals to support staff in carrying out their roles to a high standard and to identify their training needs. The practice manager assured us that staff appraisals would be completed by the end of September 2016.

We noted that areas where staff lacked training had either not been successfully identified, or not prioritised, before our visit. For example, staff were not up to date with their safeguarding training.

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

The practice gathered feedback from patients through the use of a monthly patient satisfaction survey, as well as through the NHS 'Friends and Family' Test. The feedback from these sources was positive and indicated a high level of satisfaction with care.

The staff we spoke with told us the practice manager, practice co-ordinator and orthodontists were open to feedback regarding the quality of the care. The staff meetings provided appropriate forums for staff to give their feedback and all staff felt confident at speaking at these meetings. However, the process could further be improved

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by reviewing the new management roles and responsibilities with all members of staff so that they were all sure as the correct route to channel their concerns and the expected timelines for a response.