

Smile by Design Limited Chesterfield Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 June 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

Chesterfield Orthodontics is an orthodontic practice close to Chesterfield town centre. The practice mostly provides NHS dental treatment. There is a small car park available to the front of the practice; otherwise there is short-term car parking in the area. The practice has four treatment rooms, two of which are on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in October 2013. The practice provides regulated orthodontic services to both adults and children. The practice provides mostly NHS treatment (95%). Services provided include: teeth straightening and fixed and removable braces.

The practice's opening hours are – Monday: 9 am to 12:30 pm and 2 pm to 8 pm; Tuesday: 8 am to 12:30 pm and 2 pm to 6 pm; Wednesday: 9 am to 1 pm and 2:30 pm to 5:30 pm; Thursday: 9 am to 12:30 pm and 2 pm to 5:30 pm and Friday: 8 am to 2 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message.

The office manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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 orthodontists; four orthodontic therapists; one trainee orthodontic therapist; ten qualified dental nurses, two of whom also work on the reception desk.

We received positive feedback from 45 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- The premises were visibly clean and free from clutter.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients at the practice and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- The practice was well equipped.
- Orthodontists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by an orthodontist before any treatment began.

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

No action



Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good orthodontic treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had good access for patients with restricted mobility. All patient areas were located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

There were arrangements for emergency orthodontic treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the practice.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.

No action



Chesterfield Orthodontics

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 23 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice to send information to CQC. This included the complaints the practice had received in the previous 12 months; their latest statement of purpose; and the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with seven members of staff during the inspection.

We also reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 45 patients about the dental 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 recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in December 2015 this being a minor injury to a member of staff. The records showed staff at the practice had taken appropriate action to deal with this accident. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

Records at the practice showed there had been several significant events in the 12 months up to the inspection visit. The last recorded significant event, which occurred in June 2016 related to a patient's concerns about their treatment. As a result of this incident the practice had discussed this in a team meeting and spoken with the patient's own dentist. The patient was reassured. The record showed this had been well managed and appropriate action had been taken.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received electronically by the principal orthodontist who shared them with staff when appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. This policy had been reviewed in January 2016. Safeguarding information was accessible to any staff member from any computer in the practice. This policy directed staff in how to respond to and escalate any

safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A flow chart and the relevant contact telephone numbers were on display in a staff area of the practice.

The principal orthodontist was the identified lead for safeguarding in the practice. They had received training to level two in child protection to support them in fulfilling that role. We saw evidence that all staff had attended a three hour safeguarding training session on 4 February 2016.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risk assessments identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in paper form in the COSHH file, and also on a computer disk.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 27 June 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly dental wires and sharp dental instruments) safely. The policy had been reviewed in September 2015. As this was an orthodontic practice needles were not used. The risks associated with sharps injuries came from orthodontic wire used with braces. The sharps policy identified that sharps were handled safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy.

There were sharps bins (secure bins for the disposal of sharp instruments that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located appropriately in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Medical emergencies

There was a medical emergencies policy at the practice which was accessible to all staff. The practice was equipped

Are services safe?

to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and found they were all in date and stored appropriately. We saw the practice had a system for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice. Three members of staff had completed a first aid at work course and we saw that their certificates were still in date.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed the AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

All staff at the practice had completed basic life support and resuscitation training on 4 November 2015.

Additional emergency equipment available at the practice included: airways to support breathing and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the principal orthodontist and saw the regulations had been followed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in September 2015. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: the use of the autoclave, biological agents – blood saliva and bacteria, manual handling and radiation (X-rays).

The practice had a fire risk assessment which had been reviewed and updated in September 2014. Records showed that the fire extinguishers had last been serviced in August 2015. Records identified that the fire alarm system was being tested on a weekly basis.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Dental practices (including orthodontic practices) should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in May 2016. The policy was readily available in electronic form to all staff working in the practice. We saw that dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures and there were records and documentation to demonstrate this.

Records showed that regular six monthly infection control audits had been completed. The latest audit had been completed in January 2016. Six monthly audits of infection control were as identified in HTM 01-05.

Are services safe?

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected on a regular basis. The waste was stored securely away from patient areas while awaiting collection. There was a spillage kit for bodily fluids which was within its use by date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw that the system for pouching to hold sterilised instruments did not comply with HTM 01-05. As a result, the practice reviewed this part of the process and alternative arrangements were made immediately to ensure compliance with the published guidance (HTM 01-05).

The practice had one washer disinfectant (a machine for cleaning dental instruments similar to a domestic dish washer). After cleaning the dental instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped instruments. At the completion of the sterilising process, all instruments were dried, and pouched in date stamped pouches.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. The records showed the equipment was in good working order and being effectively maintained.

We saw there were records to demonstrate that staff had received inoculations against Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections such as Hepatitis B.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in September 2012. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had received conflicting information with regard to the risks associated with Legionella and as a result arrangements had been made to undertake a new Legionella risk assessment. The practice was waiting for a pre-assessment questionnaire from the external contractor to begin the process. We saw evidence that staff regularly flushed dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with the manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice on 23 November 2013.

The practice had all of the medicines needed for an emergency situation, as identified in the British National Formulary (BNF). Medicines were stored securely and appropriately there were sufficient stocks available for use.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The pressure vessel checks on the compressor which produced the compressed air for the dental instruments had been completed in November 2015.

Radiography (X-rays)

The practice had a Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth). There was one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull. The practice also had a cephalometric radiograph machine. This was a machine which produced an image of the skull which the orthodontist used as a treatment planning tool. The image produced allowed the relationships between the dental and skeletal structures to be analysed.

Are services safe?

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal orthodontist. An external radiation protection advisor (RPA) had also been appointed. This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff.

Records showed the X-ray equipment had last been inspected in March and May 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. Following the inspection the provider sent copies of documentation which confirmed

the Health and Safety Executive (HSE) had been informed that radiographs were being taken on the premises. Informing the HSE was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

Patients who attended the practice were required to complete a medical history form and the orthodontist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. They contained information about the patients' assessments, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental professionals.

Patients at the practice completed a medical history form which was added into the patient's dental care records. The orthodontist was able to check the medical history for any significant issues before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

Health promotion & prevention

The practice took a positive stance with regard to positive oral health promotion. There were a variety of information for patients in the waiting room. There were flat screen televisions showing positive oral health messages, one in each waiting room. There were leaflets in reception and posters to give information to patients.

Staffing

The practice had three orthodontists; four orthodontic therapists; one trainee orthodontic therapist; ten qualified dental nurses, two of whom also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), cross infection control, safeguarding and medical emergencies.

Records at the practice showed that appraisals had been completed for all staff. The principal orthodontist demonstrated appraisals were completed on an annual basis. We saw documentary evidence that appraisals for staff had taken place. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice received referrals from other dental professionals where those patients required specialist orthodontic treatment. The practice also referred patients to the maxillofacial department at the local hospital for complimentary surgery if required.

The practice made referrals for dental cone beam computer tomography (known as a CT) which is a specialised type of X-ray machine used when regular dental or facial X-rays were not sufficient.

Consent to care and treatment

The practice had a consent policy which had been reviewed in September 2015. The policy made reference to valid consent, informed consent and the ability to consent.

Consent was recorded in the practice using a standard consent form. This was scanned into the patients' dental care records to form a permanent part of the dental care record. The orthodontists discussed the treatment plan with the patients and their parents or guardians if appropriate to explain the treatment process. This allowed the patient to give their informed consent. Following the inspection the provider introduced an updated consent form and sent a copy to the Care Quality Commission (CQC). The updated consent form was more in depth and also provided guidance to the patients.

The consent protocol made reference to Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was located next to the waiting room. We asked staff about patient confidentiality particularly at the reception desk. We were told staff were aware of the need for confidentiality and if it were necessary there were areas of the practice where reception staff could speak with patients privately, such as an unused treatment room.

Throughout the inspection we observed staff to see how patients were treated within the practice. We saw examples of staff speaking with patients in a friendly and polite manner. When answering the telephone we saw that staff were professional and confidentiality was maintained.

We saw that computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received feedback from 45 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in the practice. The feedback we received was positive with patients saying their experiences were of being treated with respect by the staff. Patients said both in person and through CQC comment cards they felt involved in their treatment. Patients said they were able to ask questions and talk with staff about the treatment plan.

We spoke with one orthodontist about how each patient and where appropriate their family had their diagnosis and dental treatment discussed with them. The orthodontist explained that at the initial consultation the patient was provided with information about their treatment plan. This included taking away leaflets explaining the process further. At this point patients and relevant family members were encouraged to ask questions about the treatment.

We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a small car park at the front of the premises, and limited short-term car parking was available in the area. The practice had four treatment rooms, two of which were on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a sufficient supply of instruments to meet the needs of the practice.

We spoke with four patients during the inspection. Patients said they were treated well at the practice and staff were helpful and approachable. Patients said when they were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in June 2016.

The practice was situated over two floors. There were patient areas on the ground floor. This included two treatment rooms. This allowed patients using a wheelchair or with restricted mobility to access treatment at the practice. All treatment rooms were large enough to manoeuvre a wheelchair.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010) which had been reviewed in January 2016. This identified the practice was compliant with legislation relating to access in the Equality Act. The practice had a hearing induction loop in reception to assist patients who used a hearing aid. The Equality Act required

where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices. There was designated roadside car parking outside the practice for patients with restricted mobility.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language.

There was a small car park available to the front of the practice; otherwise there was short-term car parking in the area. There was one designated parking place in the car park for disabled drivers or passengers.

Access to the service

The practice's opening hours were – Monday: 9 am to 12:30 pm and 2 pm to 8 pm; Tuesday: 8 am to 12:30 pm and 2 pm to 6 pm; Wednesday: 9 am to 1 pm and 2:30 pm to 5:30 pm; Thursday: 9 am to 12:30 pm and 2 pm to 5:30 pm and Friday: 8 am to 2 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message.

The practice routinely sent text message reminders to remind patients their appointment was due.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in February 2016. The principal orthodontist was the responsible person at the practice for handling complaints. The complaints procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice.

From information received before the inspection we saw that there had been three formal complaints received in the 12 months prior to our inspection. The last recorded complaint had been in April 2016. The minutes of a staff meeting held on 1 June 2016 showed this complaint had been discussed and learning points shared with staff.

Are services well-led?

Our findings

Governance arrangements

We saw the practice had policies and procedures to provide guidance to staff. We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated within six months of this inspection.

We spoke with staff who said they understood their roles and could speak with the principal orthodontist if they had any concerns. Staff said they understood the management structure at the practice and their role within it. We spoke with three members of staff who said the practice was a good place to work and they felt supported as part of the team.

We looked at a selection of dental care records to assess if they were legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

There was a practice manager in post who was also the registered manager. The practice manager was a qualified dental nurse, and had been in post for many years.

We saw that staff meetings were scheduled for once every three months throughout the year. In addition staff meetings were arranged if there was a particular issue that needed to be discussed urgently. The agenda covered areas such as: infection control, and health and safety. Staff meeting minutes were available to all staff. We saw that in the past significant events had been discussed and learning shared with staff.

We spoke with staff who said they were happy working at the practice and there was a close team. Staff said they could express their views at team meetings. Staff said the orthodontists were approachable and were available to discuss any concerns. Staff said there was support available regarding clinical issues. Observations showed there was a friendly and welcoming attitude towards patients from staff throughout the practice.

The practice had introduced a policy for duty of candour. This identified the need for openness and honesty when dealing with patients' complaints and concerns. The policy directed staff to give apologies and an explanation to patients when things had gone wrong.

The practice had a whistleblowing policy which had been reviewed in September 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the whistleblowing policy was available to staff from any computer in the practice.

Learning and improvement

The practice was carrying out audits at the practice to assess the quality of the service and identify areas in need of improvement. We saw a number of completed audits for different aspects of the service. For example: record keeping, radiography (X-rays) and infection control. For each area we saw the data had been analysed and action plans produced. We noted that an audit of record keeping in November 2015 did not include patients' medical histories. This had been added when the audit was repeated in February 2016. We saw that data gathered during audits was shared with staff and used to improve the service.

The practice had introduced a policy for duty of candour. This identified the need for openness and honesty when dealing with patients' complaints and concerns. The policy directed staff to give apologies and an explanation to patients when things had gone wrong.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

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

Are services well-led?

The practice had a social network page and used this forum as one of the channels of communication with patients. This included encouraging patients to give feedback in the weeks before this inspection directly to the Care Quality Commission (CQC).

Within the practice there were posters identifying patients could provide feedback about the practice using the QR reader app on their smartphones. This gave patients who had a smartphone the opportunity to leave feedback by using one of three options – very satisfied, satisfied, and not satisfied.

If patients did not have a smartphone they could still leave feedback through the practice website.

The practice used the NHS Friends and Family (FFT). The FFT is a national programme to allow patients to provide

feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from the NHS patients, and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis. Feedback from patients by means of the FFT had provided positive responses with respondents saying they would recommend the practice to their family and friends.

There were two reviews of this service on the NHS Choices website - www.nhs.uk. Both reviews had been received during 2015.

We saw evidence in the practice that feedback from patients had been discussed and reviewed with the staff team.