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Colchester Orthodontic Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 14 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Colchester Orthodontic Centre is situated in Colchester, Essex and provides NHS and private orthodontic treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The practice has one designated parking space for blue badge holders. Car parking spaces are available at the front of the practice.

Summary of findings

The dental team includes two specialist orthodontists, five dental nurses, two orthodontic therapists, one hygienist, one business manager, two receptionists and the practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal orthodontist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 27 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one orthodontist, one lead dental nurse, one receptionist, the business manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Wednesday from 8.30am to 5pm, Thursday from 8.30am to 7pm and Friday from 8.30am to 4pm. Saturday one clinic per month from 9.30 to 1pm.

Our key findings were:

- Strong and effective leadership was provided by the principal orthodontist and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- We found that the practice ethos was to provide high quality patient dental care in a relaxed and friendly environment.
- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate life-saving equipment were available, we have seen evidence that these were purchased following the inspection.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice.

- The practice communicated with patients/parents and arranged the most suitable times for patients that had additional needs. The practice used this opportunity to assess treatment for patients with limited mobility or other complex and additional needs and discussed with patients and their families the safest and most appropriate method of communication and manual handling for the patient. The practice recognised that for these patients extra time needed to be allocated to explain the need for treatment and the nature of treatment. This was facilitated by the patients and family first meeting with the orthodontic nurse in a non-clinical environment for a discussion relating to their concerns and worries. This first contact took place in a dedicated treatment coordinator room which had comfortable sofas and chairs with no clinical equipment. The orthodontic nurses could then fully explain to patients and their parents / carers the nature of the orthodontic assessment process and answer any concerns. The orthodontic examination was then carried out in a quiet single chair surgery by the orthodontist and the orthodontic nurse. We were told care was taken to proceed slowly and with constant explanation of the assessment process. Audio visual aids were used to demonstrate the type of appliances required. Treatment videos were also used as an effective tool to describe treatment procedures. To ensure that the patient understood the treatment planned, it was re-explained by the orthodontic nurse once the orthodontist had left the room. Any further questions or concerns were then able to be addressed and answered. The practice ensured flexibility and

Summary of findings

choice for patients undergoing treatment for serious illnesses. For example patients were given choices as to how they wanted their treatment managed when undergoing other clinical diagnosis and treatments.

- The practice held a Continuing Professional Development (CPD) open evening in June 2017 for dentists and all their teams and had another planned for April 2018. We were told the aim for offering this service was to provide as much practical and relevant orthodontic information as possible to referring dentists so to improve the appropriateness of the referrals the practice received. The lectures more formally presented information on The Index of Treatment Need and the Importance of appropriate timing of referrals, we were told commissioning bodies of NHS orthodontics were anxious to reduce the number of inappropriate referrals into the NHS system and these presentations helped clinicians recognise what constituted an appropriate and inappropriate referral. The last lecture was titled 'NHS Orthodontic Referrals; What to refer, When and Where'. The emphasis was to deliver practical day to day useful orthodontic information to dentists and all of the dental teams including nurses and administrative staff, this also helped to manage patient expectations. We were told it also provided the opportunity to meet with referring dentists and their staff and build a rapport. The practice reported the event had a great turnout and was very successful. We saw evidence that these had been well received through the register and feedback forms completed. Further lecture evenings on The Combined Management of Complex Cases Requiring a Combination of Orthodontic Treatment and Complex Restorative and Prosthodontics Work were provided by the practice. These included presentations from implant and restorative colleagues.

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?

No action

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

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

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

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

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

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The orthodontist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as a good experience, always friendly and professional. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

Are services caring?

No action

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

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and efficient. They said that they were given thorough, detailed, helpful, honest explanations about dental treatment, and said their orthodontist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the orthodontist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Following the results and audit of a patient satisfaction survey, 'trouble'

Summary of findings

appointment slots were put into the diary at times most requested by patients, for example from 8.30am and towards the end of the day.These 'trouble' appointments were for patients who had had a problem with their brace. The practice provided out of school hours appointment options for NHS child patients and ran Saturday morning clinics for working adult patients.

The practice assessed treatment for patients with limited mobility or other complex and additional needs and discussed with patients and their families the safest and most appropriate method of communication and manual handling for the patient. The practice recognised that for these patients extra time needed to be allocated to explain the need for treatment and the nature of treatment. This was facilitated by the patients and family first meeting with the orthodontic nurse in a non-clinical environment for a discussion relating to their concerns and worries.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice communicated with patients/parents and arranged the most suitable times for patients that have additional needs. The practice ensured flexibility and choice for patients undergoing treatment for serious illnesses. For example patients were given choices as to how they wanted their treatment managed when undergoing other clinical diagnosis and treatments.

The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice ethos was to provide first class treatment in a warm and welcoming environment. This ethos applied itself well to the management of patients who struggle to cope with orthodontic treatment due to nervousness, learning difficulties, complex needs or other impairments to their ability to understand or cope with treatment such as autism or Asperger's. Treatment plans were explained with the assistance of audio visual aids in a non-clinical environment.

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

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

The practice was a British Dental Association (BDA) Expert practice, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. The practice was awarded the Investors in People accreditation in 2014.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The practice held two staff training days each year where staff were involved and encouraged to have an input and provide a talk or presentation on a chosen topic relevant to their role.

Summary of findings

The practice held a Continuing Professional Development (CPD) open evening in June 2017 and had another planned for April 2018.The practice had undertaken four 'Lunch and Learn' sessions for local Dental Practices in the last 12 months and had a further three practices booked in for the near future.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

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

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. All staff had disclosure and barring service (DBS) checks in place to ensure they were suitable to work with vulnerable adults and children. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Not all of the emergency equipment was available as described in recognised guidance. The practice manager ordered the missing equipment on the day of inspection and following this inspection we were provided with a payment invoice as proof of purchase.

The Automated External Defibrillator (AED) and Oxygen were checked by staff weekly, other equipment and medicines for use in an emergency were also checked weekly. This ensured that they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergency.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. Recruitment information for visiting clinicians was not routinely held by the practice. We discussed this with the management team who agreed to take immediate action to rectify this.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the orthodontists, dental hygienists and orthodontic therapists when they treated patients.

Are services safe?

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in October 2017 and previously in March 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken in July 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

Emergency medicines and equipment were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates and were suitably stored. We saw that the emergency medicine Glucagon was being stored with the emergency medicines at room temperature. The expiry date of the Glucagon had been reduced accordingly on the emergency medicines records, but not on the package itself. We discussed this with the practice who took immediate action to record this appropriately.

Radiography (X-rays)

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

We saw evidence that the orthodontists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

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 orthodontists and orthodontic therapists were familiar with and used current professional guidance for dentistry and specifically orthodontics. The British Orthodontic Society (BOS) guidelines were used in the care of patients.

Patients attending the practice for consultation and treatment underwent an assessment of their dental health. This was undertaken in a non-clinical and personable environment where patients were able to discuss their treatment options, watch video information and examine models of the various treatment options available. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies and were asked to confirm any changes in their health at subsequent visits.

The orthodontists 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 practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The clinicians told us they carried out oral examinations including an assessment of patients' gums and soft tissues to help identify any abnormalities. The practice provided oral hygiene advice and oral health promotion literature and video information for all patients receiving orthodontic treatments. Oral health and tooth brushing packs and a selection of dental products were available to purchase. Patients were given information regarding local smoking cessation clinics if required.

Staffing

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

Staff told us they discussed training needs at six monthly review meetings and annual appraisals. We saw evidence of completed appraisals.

Working with other services

The practice treated patients upon referral from local GDP practices. Joint consultation with other dental professionals took place for complex cases. The practice initiated a three monthly Hypodontia clinic for patients who required a combination of orthodontic and restorative/prosthodontic treatment to address their needs. These patients were usually referred to the practice by their own dentist for the management of developmentally missing teeth (Hypodontia). Visiting periodontal specialists, implantologist and a colleague with post graduate qualifications in restorative dentistry worked with the practice to develop a treatment plan for these complex cases which was presented to the referring dentist. If the referring dentist did not wish to carry out the restorative aspect of the treatment plan themselves, then the practice would arrange for this to be completed at a sister practice. The joint clinic was a free appointment for the patient. The practice provided free evening lectures at the practice and lunch and learn sessions at other practices to present this service to referring dentists.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The orthodontist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontists listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to consent issues for patients under 16 years of age. The orthodontist we spoke with were aware of the

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients said staff were compassionate and understanding. Patients could watch a 'virtual tour' video in the practice's website so they could be familiar with it before coming in. We saw evidence on social media pages of wholly positive feedback from families of patients with complex needs.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. We saw that staff took great care not to breach patients' confidentiality. Staff told us that if a patient asked for more privacy there were dedicated rooms where private discussions and consultations took place. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the reception area and there were magazines and televisions in the waiting rooms displaying oral health information and practice news. The practice provided drinking water.

Information on display in the waiting area for patients to read included; before and after photographs, information notices and leaflets, thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. An orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options. Consultation and waiting rooms room had a screen so the clinical staff could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment. The practice used the images from an intra-oral camera to show patients the inside of their mouth.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included orthodontic, restorative and prosthodontic

A consultation room had a screen so the orthodontists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos and models to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. The practice operated a cancelation list, patients reported positively that they were contacted to offer an appointment at an earlier date if this suited them. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff worked proactively with patients and their families. For example, the practice followed a procedure for all patients' first appointment, the patient and their parent or carer (where appropriate) were met by one of the nurses and taken to a private non-clinical treatment co-ordinator room. Here patients' information, concerns, medical history and social circumstances were recorded during an informal chat before the patient met the orthodontist in the surgery setting. The format of the appointment procedure was explained to the patient to ensure they knew what to expect. If the patient appeared nervous they were reassured. The medical history form which was sent to the patient before the appointment was collected and checked and any necessary information discussed. The nurse then discussed with the patient and parent present to ascertain the patients history and preferences.

The practice used this opportunity to assess treatment for patients with limited mobility or other complex and additional needs and discussed with patients and their families the safest and most appropriate method of communication and manual handling for the patient. The practice recognised that for these patients extra time needed to be allocated to explain the need for treatment and the nature of treatment. This was facilitated by the patients and family first meeting with the orthodontic nurse in a non-clinical environment for a discussion relating to their concerns and worries. This first contact took place in a dedicated treatment coordinator room which had comfortable sofas and chairs with no clinical equipment. The orthodontic nurses could then fully explain to patients and their parents / carers the nature of the orthodontic assessment process and answer any concerns. The orthodontic examination was then carried out in a quiet single chair surgery by the orthodontist and the orthodontic nurse. We were told care was taken to proceed slowly and with constant explanation of the assessment process. Audio visual aids were used to demonstrate the type of appliances required. Treatment videos were also used as an effective tool to describe treatment procedures. To ensure that the patient understood the treatment planned, it was re-explained by the orthodontic nurse once the orthodontist had left the room. Any further questions or concerns were then able to be addressed and answered.

The practice reported that managing these patients in a slow methodical way significantly improved treatment cooperation and compliance and reduced their anxiety. Any subsequent treatment sessions could be carried out in the single chair quiet surgeries where required.

Staff described examples of how they supported patients and their family members who had mobility issues, limited vision or were nervous. The team kept this in mind when booking appointments to make sure patients could be seen in the ground floor treatment room and could be accompanied by their parent/carer if required and were given support and guidance throughout the treatment. Notes on patient's dental care records alerted the orthodontists if a patient was anxious or had complex needs.

Patients were contacted by telephone the day after their braces were fitted to ensure that they were coping and had all the information they required.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rail and a call bell.

The practice communicated with patients/parents and arranged the most suitable times for patients that have additional needs. The practice ensured flexibility and choice for patients undergoing treatment for serious illnesses. For example patients were given choices as to how they wanted their treatment managed when undergoing other clinical diagnosis and treatments. We were told that should they need their braces removed during their treatment to prevent unwanted intra oral soft tissue trauma and have them re bonded once their

Are services responsive to people's needs?

(for example, to feedback?)

treatment had been completed at no extra cost, the practice facilitated this. The practice also ensured these patients attended at times that were suitable for them. The waiting area was suitable for guide dogs.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services, and had arrangement to assist patients with hearing and visual disabilities.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. Following the results and audit of a patient satisfaction survey, 'trouble' appointment slots were put into the diary at times most requested by patients, for example from 8.30am and towards the end of the day.Trouble appointments were for patients that have had a problem with their brace. The practice provided out of school hours appointment options for NHS child patients and ran Saturday morning clinics for working adult patients.

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

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Verbal complaints were recorded, reviewed and the outcomes discussed with staff. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

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

Are services well-led?

Our findings

Governance arrangements

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The practice ethos was to provide first class treatment in a warm and welcoming environment. This ethos applied itself well to the management of patients who struggle to cope with orthodontic treatment due to nervousness, learning difficulties, complex needs or other impairments to their ability to understand or cope with treatment such as autism or Asperger's. Treatment plans were explained with the assistance of audio visual aids in a non-clinical environment.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. These included fortnightly staff meetings with agreed agendas, minutes and actions, monthly management meetings. Nurse and treatment coordinator meetings were also undertaken.

Learning and improvement

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

The principal orthodontist and management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of six monthly performance and development reviews for staff and completed appraisals in the staff folders.

The practice held two staff training days each year where staff were involved and encouraged to have an input and provide a talk or presentation on a chosen topic relevant to their role. In addition training days often included training from external providers. We saw evidence of the most recent training day on December 2017 where the practice covered topics such as; practice risk assessments, record keeping audits, infection control audits, legionella, safeguarding, the practice business plan, patient satisfaction survey and a team building presentation. Findings and action plans were discussed duringeach topic. If a staff member had attended a course on a particular topic it would often be their chosen topic to present at the next training day. For example one member of the reception team had attended a British Dental Association complaints course and based their presentation in December on the key learning points gained from that course which included preventing complaints. Staff were extremely supportive of each other at the training days and told us they enjoyed the learning experience.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. The practice held a Continuing Professional Development (CPD) open evening in June 2017 for dentists and all their teams and had another planned for April 2018. We were told the aim for offering this service was to provide as much practical and relevant orthodontic information as

Are services well-led?

possible to referring dentists so to improve the appropriateness of the referrals the practice received.The lectures more formally presented information on The Index of Treatment Need and the Importance of appropriate timing of referrals, we were told commissioning bodies of NHS orthodontics were anxious to reduce the number of inappropriate referrals into the NHS system and these presentations helped clinicians recognise what constituted an appropriate and inappropriate referral. The last lecture was titled 'NHS Orthodontic Referrals; What to refer, When and Where'. The emphasis was to deliver practical day to day useful orthodontic information to dentists and all of the dental teams including nurses and administrative staff, this also helped to manage patient expectations. We were told it also provided the opportunity to meet with referring dentists and their staff and build a rapport.The practice reported the event had a great turnout and was very successful. We saw evidence that these had been well received through the register and feedback forms completed.Further lecture evenings on The Combined Management of Complex Cases Requiring a Combination of Orthodontic Treatment and Complex Restorative and Prosthodontics Work were provided by the practice. These included presentations from implant and restorative colleagues.

The practice had undertaken four 'Lunch and Learn' sessions for local Dental Practices in the last 12 months and had a further three practices booked in for the near future. This was provided as a complimentary service, where lunch was provided for the practices visited to help create a relaxed learning environment. The practice aim was to provide relevant orthodontic information to local referring dentists to assist them in making timely and appropriate orthodontic referrals. This helped target those patients most in need of treatment and ensured patients were managed in the most appropriate way.The practice advertised this service on the practice website, orthodontic newsletters and via emails.We saw evidence that these had also been well received through the register and feedback forms from the four undertaken.

The practice was a British Dental Association (BDA) Expert practice, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. The practice was awarded the Investors in People accreditation in 2014. We were told they were very proud of this achievement which reflected the practice ethos of providing good leadership, management, staff training and accountability.

A monthly secret ballot was undertaken by the whole practice team to nominate for the Staff Star Award. This award was based upon an individual having shown exceptional patient management, support or contribution to the practice team over the previous month. Staff described the popular team building functions held and the role of the practice manager as the Health at work champion.This role offered support and advice for staff dealing with stress and anxiety. The practice also had yoga and meditation sessions during the training days and in addition held questionnaires and quizzes on bringing awareness to personal stress triggers and tips on how to reduce stress.

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

The practice used patient surveys, comment cards, social media pages and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; following the results and audit of a patient satisfaction survey, 'trouble' appointment slots were put into the diary at times most requested by patients, for example from 8.30am and towards the end of the day.Trouble appointments were for patients that have had a problem with their brace. We saw evidence on social media pages of wholly positive feedback from families of patients with complex needs. Results from the November 2017 and May 2017 patient satisfaction survey showed that 100% of patients who responded were pleased with the results of their treatment and thought the practice staff were friendly and welcoming.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from the July 2017, September 2017 and December 2017 showed that 100% of patients who responded were extremely likely or likely to recommend the practice to friends or family.