

Orthoworld 2000 Limited

Orthoworld 2000 Cambridge

Inspection report

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Overall summary

We carried out this announced focused inspection on 4 January 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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 five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- There was effective leadership and a culture of continuous improvement, although not all staff had received an appraisal of their performance.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.

Background

Orthoworld 2000 Cambridge provides both NHS and private orthodontic care and treatment for adults and children. The practice is part of the Mydentist group, who operate a large number of dental practices across the UK.

The practice has made reasonable adjustments to support patients with additional needs. There is ramp access to the premises for people who use wheelchairs, a downstairs treatment room and a fully accessible toilet. Limited patient car parking is available directly outside the premises.

The dental team includes 1 orthodontist, 2 orthodontic therapists, a trainee dental nurse, a practice manager, and 2 reception staff. The practice has 3 treatment rooms.

During the inspection we spoke with the practice manager, a regulatory officer, the orthodontist, a dental nurse and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays from 8.30am to 7pm; on Tuesdays, Wednesdays and Fridays from 8.30am to 5pm, and on Wednesdays from 8.30am to 5.30pm.

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

- Implement a system to ensure that all staff receive a regular appraisal of their performance.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible.

The practice had infection control procedures which reflected published guidance. However, although staff told us they undertook regular foil testing of the practice's ultrasonic bath, there was no recorded evidence of this. The practice manager assured us this would be rectified immediately.

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

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were comprehensive and covered a wide range of areas. The practice had a sharps' risk assessment in place, but it did not contain information about any orthodontic instruments that might cause injury.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health.

We noted that there was good signage throughout the premises clearly indicating fire exits, compressed gas and X-ray warning signs to ensure that patients and staff were protected.

Safe and appropriate use of medicines

Are services safe?

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

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Track record on safety, and lessons learned and improvements

The practice had implemented effective systems for reviewing and investigating incidents and accidents. These were logged centrally and monitored by the provider's head office to ensure learning could be shared across all the practices in the Mydentist group.

There was a system for receiving and acting on national patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. A range of clinical audits was completed to ensure patients received effective and safe care.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. They were supported by the provider's own specialist orthodontic division and had access to specialist orthodontic clinical support.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The practice sold products such as orthodontic oral hygiene kits and electric toothbrushes to support patients with their oral hygiene.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

At the time of our inspection there was only one trainee nurse employed. However, the practice was in the process of recruiting two qualified dental nurses. Vacant dental nursing shifts were covered either by nurses from local sister practices, or by agency staff. We saw that appropriate checks were undertaken on agency staff who worked at the practice.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Patient referrals were monitored to ensure their timely management.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage. Training files showed that staff had received training in information governance and data protection, so they were aware of how to manage patients' information in line with legal requirements.

The patient waiting area was separate from the reception desk, allowing for patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment. There was information on the practice's website about aligners, retainers and teen braces. Leaflets were also available to give to patients, but these would benefit from being in a more child-friendly and age appropriate format.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice had made good adjustments for patients with disabilities which included ramp access to the premises, a fully accessible toilet and a downstairs treatment room. Patients also had access to a portable hearing induction loop and reading glasses if needed.

Staff could access translation services for patients who did not understand or speak English.

Timely access to services

The practice offered extended opening hours until 7pm one evening a week. There was a text appointment reminder service available to patients, and emergency appointment slots were available each morning and afternoon.

At the time of our inspection, the practice was able to take on new patients, although waiting times for NHS patients was about 18 months to 2 years; and for private patients about 4 months.

Listening and learning from concerns and complaints

Information about how to complain was available in the waiting area and on the practice's website. The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning. We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely and professional way. All complaints received were logged centrally and their progression was monitored by the provider's patient support services team.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve. Staff reported that the new manager was responsive to their needs, bringing much needed stability and consistency to the practice.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety.

Staff stated they felt respected and valued, citing good communication and management as the reasons.

Staff discussed their training needs during annual development reviews, although not all staff had received one. The practice manager told us she had not received an appraisal of her performance since 2019.

Governance and management

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Communication systems in the practice were good with regular staff meetings, and a social media group to ensure key information was shared.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Archived patients' notes were held in locked filing cabinets in the manager's office.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients using specific surveys and a suggestion box in the waiting room.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff could access free on-line training provider by the provider's academy and training records we viewed demonstrated they had undertaken a range of training relevant for their role.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.