

Regent Orthodontics Limited

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Inspection Report

Regent Orthodontics Limited
2 A Regent Road
Ilkley
LS29 9EA
Tel: 01943 604402
Website: www.regentorthodontics.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 7 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Regent Orthodontics Limited provides specialist NHS and private orthodontic care to children and adults. It consists of a team of orthodontists supported by an orthodontic therapist, a senior orthodontic nurse, five dental nurses, a practice manager and two receptionists. There is also a technician based at the practice.

The practice is based in the centre of Ilkley and has four treatment rooms, a decontamination room, office/ staff area, a technician's workshop, a waiting room and reception area and a ground floor toilet. There is public parking available near the practice. The opening hours are Monday-Friday 8:30am-5:30pm, with the exception of Friday when the practice closes at 1pm.

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

We received feedback from 60 people about the services provided. Patients commented that they found the staff friendly, caring and all the staff listened to them and took appropriate action. They commented that the

Summary of findings

orthodontists and therapist were knowledgeable and they were always given good and helpful explanations about orthodontic treatment. Patients commented that the practice was clean and comfortable.

Our key findings were:

- The premises were visibly clean and free from clutter.
- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Orthodontic treatment was well planned and provided in line with current guidelines.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.

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

- Review the decontamination procedures and the monitoring of emergency drugs and equipment.
- Review the confidentiality and security of patients records stored in the reception area
- Review the use of CCTV within the practice and fully comply with the Information Commissioner's Office (ICO) guidance.
- Review the recruitment policy to ensure it reflects current practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems in place to assess and manage risks to patients. However we did note that decontamination procedures and the monitoring of emergency drugs and equipment could be improved.

Staff completed annual training in how to deal with medical emergencies.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

X-ray equipment was safe and regularly maintained.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. We noted that instruments were scrubbed under running water and dental unit water lines were not been flushed consistently. This is not in line with the present guidance. The practice manager assured us this would be rectified.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; the autoclaves, fire extinguishers, the air compressor and medical emergency oxygen.

Staff were appropriately skilled and suitably trained. Staff induction processes were in place and had been completed. We noted however that the practice did not always comply with their own recruitment policy in that dental nursing staff did not have DBS checks in place.

There was evidence to demonstrate that staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

Consultations were carried out in line with guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Treatment plans were explained to patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing professional development (CPD).

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received ongoing training in a variety of subjects to assist them in carrying out their roles.

No action



Summary of findings

Are services caring?

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

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way that patients understood. Time was given to patients with complex orthodontic treatment need to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person. The practice opening hours were provided on the entrance door of to the practice, in the practice leaflet, and on the practice website.

Patients had access to telephone interpreter services if required and the practice provided patient wheelchair accessible toilet facilities.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

No action



Are services well-led?

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

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

Environmental risks were assessed and well managed.

Staff were encouraged to share ideas and feedback during regular practice meetings and as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



Regent Orthodontics Limited

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 7 November 2016 and was led by a CQC inspector assisted by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the orthodontist, dental orthodontic therapist, dental nurses practice manager, senior orthodontic nurse and reception staff. We toured the practice and reviewed emergency medicines and equipment.

We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team where appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. Staff were aware of their responsibility and had completed training to safeguard patients from abuse.

The clinicians were assisted at all times by a dental nurse.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment in place.

The practice had a whistleblowing policy and all staff had completed relevant training. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency

oxygen and emergency medicines to support patients. We noted that some items were omitted from the emergency medication and equipment such as portable suction and midazolam. We also noted overall monitoring of these areas was limited. The practice manager made arrangements during the visit to put these items in place and increase auditing of the equipment and medication to weekly, in line with the relevant guidance.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff had received first aid training and the first aid boxes were easily accessible in the practice.

The practice had a defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff recruitment

The practice had a policy in place for the safe recruitment of staff. They included seeking references, immunisation status and checking qualifications and professional registration. The practice's policy stated Disclosure and Barring service (DBS) checks for all newly appointed staff should be completed. These 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 noted that DBS checks were not undertaken for the dental nurses, the practice manager explained this had always been the case. This was not in line with the organisations own recruitment policy. The practice manager agreed that the policy would be amended to reflect current practice.

We looked at other recruitment checks such as references and identification checks and found these were in place. The recruitment and employment records were stored securely to prevent unauthorised access.

We saw the dentists were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) The principal dentist had indemnity cover for all other clinical members of staff.

Monitoring health & safety and responding to risks

Are services safe?

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control and sharps disposal

The provider had a control of substances hazardous (COSHH) to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

We saw systems were in place for cleaning, sterilising and storing dental instruments. We noted that the water lines were not been flushed consistently as outlined in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments. The practice manager assured us that this would be rectified.

The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use.

An infection control lead was in place and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included

hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection prevention control audit completed in 2016, which had risk assessed the dental practice and highlighted action to be taken if required.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room was visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

The practice had completed a Legionella risk assessment. The practice met the Legionella safety guidelines and completed monthly water temperature checks. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored securely.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for equipment such as the autoclaves (a device for sterilising dental and medical instruments), compressor and X-ray equipment.

We saw evidence of Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted certificates for electrical installation and gas safety were not in place. The practice manager assured us equipment would be checked and certificates in place.

Are services safe?

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. Fire alarms and emergency lighting were tested regularly and a recent staff fire drill had taken place.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in all treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). It was detailed and up

to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

All staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current orthodontic needs and past dental history.

We saw patient record audits were undertaken by the practice and any necessary actions dealt with.

We received feedback via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, explanations, and the quality of the dentistry and outcomes.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the fees for private specialist Orthodontic treatment.

Patients were given in-depth advice regarding maintaining good oral health whilst wearing fixed braces and leaflets were given to reinforce oral health messages.

The practice had a varied selection of oral health leaflets available and a good selection of dental products was on sale in the reception area to assist patients with their oral health.

Staffing

Staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control.

Staff told us appraisals were undertaken which identified future training needs. We noted the appraisals were a two way process and included a competency and performance assessment.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Working with other services

The practice worked mainly on referrals from general dentists, for example, referrals were received from general dentists who deemed patients in need of specialist orthodontic treatment. If a patient did not meet the NHS criteria, private orthodontic treatment would be discussed. The practice kept copies of the referral letters received from the general dentist. Patients were referred back to their own dentist if dental decay was found and if the patient had been assessed and were thought to require extra specialisation then these patients were referred onto secondary care.

Consent to care and treatment

Patients told us they were given appropriate information to support them to make decisions about the treatment they received. Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The orthodontist told us they ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. They confirmed individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

The orthodontist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at CQC comment cards patients had completed prior to the inspection. Patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Computers were password protected and backed up to a secure storage daily. We noted however that patients' paper dental records were not securely stored. These were stored behind the reception area in open shelving. We discussed this with the practice manager who agreed the security of the patient records would be reviewed.

Staff were confident in data protection and confidentiality principles and had completed information governance training.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times

when patients were being seen. Music was played in the waiting area and conversations could not be heard from outside the treatment rooms which protected patient privacy.

We saw the practice had CCTV installed in all the treatment rooms and the waiting area. We saw a general information sign in the waiting room informing patients that the premises had the equipment for security purposes. The practice did not fully comply with the Information Commissioner's Office (ICO) guidance. The practice manager agreed that this would be rectified.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. Leaflets were available showing NHS and private treatment costs. The practice's website provided patients with information about the range of treatments which were available at the practice.

Staff told us how the orthodontist would provide treatment options, including benefits and possible risks of each option.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff told us they did not have any patients whose first language was not English, however if required an interpreter service would be sought via the telephone language services.

The practice was accessible to people with disabilities and impaired mobility. Parking was available both on and near the premises. The waiting room, reception, toilet facilities and a treatment rooms were based on the ground floor.

The practice made provision for patients to arrange appointments by telephone or in person, and patients

received appointment reminders by email, letter or telephone call. The practice provided extended and flexible appointment time to patients who were vulnerable and in need or extra care and support.

Access to the service

The practice is open Monday-Friday 8:30am-5:30pm, with the exception of Friday when the practice closes at 1pm.

We saw patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed. Emergency appointments were available daily for patients.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received one complaint in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

The overall leadership was provided by the practice manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

We saw the practice had regular full practice meetings. We saw recorded minutes of the meetings, with set agenda items such as 'adverse incidents' and 'complaints' and noted that items discussed included clinical and non-clinical issues.

The provider operated an open door policy. Staff said they could speak to the provider if they had any concerns, and that the provider and all their colleagues were approachable and supportive.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff confirmed that they were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff confirmed that learning from complaints, incidents, audits, and feedback was discussed at staff meetings to share learning to inform and improve future practice.

The practice had introduced clinical and non-clinical audits. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided feedback to staff identifying where improvement actions may be needed.

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

Staff told us that information was shared and they could raise any concerns about the practice if they needed to.

Patients' surveys were conducted by the practice in the last 12 months. The surveys comments had been reviewed and responded to. In response to patients comments the practice now provided books for children and had extended consultation times to ensure patients were not kept waiting.

The practice also displayed the family and friends NHS survey results for September. They had received 100% in October for patients likely to recommend the practice to others. This result was displayed in the waiting area.