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Stockport Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 June 2015 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.

This was the first inspection of the service since registering with CQC in February 2015.

Stockport Orthodontics is located in the Hazel Grove area of Stockport and provides specialist orthodontic dental care for patients in and around the Stockport area. The practice provides private treatment to adults and to children who do not qualify for NHS orthodontic treatment. The practice has one full time orthodontist (principal dentist/provider) and a dental nurse who also covers reception. At the time of this inspection there were seven patients registered with the practice.

The principal dentist is the registered provider for the practice. 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.

Six patients provided feedback about the service. Feedback from patients was positive about the treatment and care they received at the practice. Patients were complementary about the staff and told us they were treated with respect, kindness and consideration.

The practice has ramp access to the front entrance and disabled toilet facilities are provided. The treatment room and waiting room are on the ground floor. There is a separate decontamination room on the first floor. Patients commented that the practice was always clean and hygienic.

The principal dentist and one dental nurse worked at this practice. The practice was open Tuesday and Thursday

Summary of findings

9am until 3pm and one Saturday per month 9am until 1pm. When the practice was closed calls were transferred to the dentist or another practice. The practice provided later appointments and weekend appointments on request. There are plans to extend the opening hours and staffing levels as and when the patient list increases.

Our key findings were:

- There were effective safeguarding processes in place and staff understood their responsibilities to protect patients from harm.
- The practice kept up to date with current guidelines and research.
- There were systems in place in relation to safe working practices to help ensure patient safety.
- There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, autoclave, fire extinguishers, the air compressor, oxygen cylinder and X-ray equipment.
- There were effective systems in place to reduce the risk and spread of infection. The premises were visibly clean and well maintained. There were policies and procedures providing guidance on how to maintain a clean and hygienic environment.
- Information about treatment options was provided. This enabled patients to make informed decisions about their treatment.
- Patients gave signed consent before treatment commenced. Dental care records demonstrated on-going monitoring of patients' oral health. Patients were asked to provide information about their general health and any medications they were taking before treatment started.
- Patients were provided with a written copy of their treatment plan which also indicated the costs of individual treatments.
- Patients were provided with information and guidance relating to good oral health.
- Staff were supported to maintain their continuing professional development (CPD) and had undertaken training appropriate to their roles.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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.

There were safeguarding policies and procedures in place. The principal dentist and dental nurse had achieved Level 2 training in child protection and safeguarding adults who may be vulnerable. There had been no disclosures from patients and no alerts made but staff were able to describe the action they would take if they were concerned about a patient's safety.

There was a contract in place for the removal of clinical waste and effective auditing systems were in place in relation to infection control and clinical waste disposal. Staff recruitment records contained evidence of their immunity status with respect to Hepatitis B (a virus that can be spread through bodily fluids such as blood and saliva.)

Personal protective equipment (PPE) such as gloves, aprons and face masks were worn by staff when treating patients to minimise the risks of cross contamination. We saw there were sufficient supplies of personal protective equipment in stock and staff told us these were monitored and reordered in a timely manner. The work surfaces including the dental examination light and arm, instrument tray and dental chair were cleaned with a sterilising solution after each patient.

Systems were in place in relation to dental radiography. X-ray equipment at the practice had been serviced and maintained correctly and was only operated by qualified staff. Local rules were stored on a laptop; a printed copy of these would be easier for staff to access/reference.

The practice had effective systems and processes in place to ensure treatment was carried out safely. Medicines used in the event of a medical emergency at the practice were stored safely and checked to ensure they were within their expiry dates.

Are services effective?

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

Dentists and dental nurses were registered with the General Dental Council (GDC) and were required to keep a record of their Continuing Professional Development (CPD) to meet the requirements of their professional registration. We saw evidence that staff had attended annual cardiopulmonary resuscitation training (CPR), infection control, decontamination, first aid and medical emergencies.

Staff were responsible for their own continued professional development (CPD) and the principal dentist had a record of training completed by staff.

Patients were asked to complete a medical history form which included details of prescribed medicines before starting treatment. Patients confirmed they were asked about any changes in their health or medicines at each visit.

Patients were given appropriate information to support them to make decisions about the treatment they received and to promote good oral health.

Are services caring?

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

Feedback in comment cards and practice surveys demonstrated that patients felt they were listened to, were well informed and involved in decisions about their treatment. Treatment options, any risks and benefits were explained.

Summary of findings

Patients told us they had positive experiences at the practice and had confidence in the staff.

We saw staff were friendly and showed kindness and compassion for patients. Staff spoke passionately about their work and told us they were proud of the results they had achieved for their patients.

Are services responsive to people's needs?

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

The reception/waiting area was large with ample seating. There was easy access to the building, reception desk, and treatment room and toilet facilities for patients who used a wheelchair.

Patients could access treatment and urgent and emergency care when required. If an appointment was not available patients would be referred to another local practice so they could be seen quickly. Evening and weekend appointments were available on request to cater for patients who were unable to attend during the core opening hours. The length of appointment times were based on the type of treatment so patients were not rushed.

There were procedures in place for acknowledging and responding to complaints about the service. This practice opened in February 2015 and no complaints had been received by the practice at the time of our inspection.

Are services well-led?

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

The practice had appropriate systems in place to monitor and improve quality such as infection prevention and control and records audits. There was a fire risk assessment and Legionella risk assessment in place (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

A patient survey had been carried out and a suggestion box was available in reception for patients to feedback on the service. The culture within the practice was seen as open and transparent.

Staff had an induction to their role and we saw documentary evidence to show staff appraisals had taken place. Staff told us they felt well supported in their role and had opportunities to raise issues and make suggestions about improvements to the service.

There was a business continuity plan in place for use in the event of an emergency such as loss of water or electricity supplies.

Stockport Orthodontics

Detailed findings

Background to this inspection

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

This inspection was carried out on 29 June 2015. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We reviewed information received from the provider prior to the inspection including the statement of purpose. We informed NHS Area Team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we toured the premises and spoke with the principal dentist and dental nurse. We also spoke with patients following their appointments.

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

There were procedures in place for dealing with significant events such as accidents and incidents. Staff were aware of the procedure and their responsibility to report any accidents and incidents in accordance with the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reports had been made since the practice opened in February 2015.

The principal dentist told us there had been no incidents or accidents. If there was an incident affecting a patient they would offer an apology and inform them of the action taken to prevent a reoccurrence.

The practice consisted of the principal dentist and a dental nurse. The principal dentist told us that because they were such a small team they had informal discussions about how they could improve the service for patients.

Reliable safety systems and processes (including safeguarding)

There was a copy of Stockport councils' safeguarding procedures and contact details for the local authority safeguarding team. The principal dentist was the safeguarding lead. The principal dentist and dental nurse had completed safeguarding training to level 2. There had been no safeguarding concerns relating to patients at the practice.

There was a whistle blowing policy and although there were only two staff working at the practice both said they would raise concerns about professional practice with the General Dental Council (GDC) and/or the local safeguarding team.

Patients dental care records were paper based and were stored in a document safe in the office which was locked and alarmed when not in use. The practice had a system in place for referring, recording and monitoring patients for dental treatment such as; extractions and specialist procedures. Risks factors were identified and flagged up in dental care records. For example; allergies to particular medicines.

The practice had systems in place to help ensure the safety of staff and patients this included a fire risk assessment and a Legionella risk assessment.

The practice had followed national guidelines for infection prevention and control in accordance with the Health Technical Memorandum 01 -05: Decontamination in primary dental care practices (HTM 01-05). Personal protective equipment (PPE) such as gloves, aprons and face masks were worn by staff when treating patients to minimise the risks of cross contamination.

Posters describing the procedures for the treatment of needle stick injury (injury from used needles and sharp instruments) were displayed. The principal dentist told us they do not use needles in this practice.

Medical emergencies

There was a policy and clear procedure to follow in the event of a medical emergency. The principal dentist and dental nurse were trained in to perform cardiopulmonary resuscitation (CPR) and this training was updated annually.

Both the principal dentist and dental nurse explained the procedure for dealing with medical emergencies such as an epileptic seizure, anaphylaxis (allergic reaction) and cardiac arrest. The practice did not have an automatic external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff were aware of the procedure to be followed in the event of an emergency.

The principal dentist should review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

Emergency medicines were available and appropriately stored. The oxygen cylinder was tested weekly to ensure there was a sufficient level and flow rate of oxygen for use in the event of a medical emergency. A log of medicines and expiry dates was kept and included a record of when replacement medicines were ordered/or due for ordering. This was in line with the Resuscitation UK Council guidelines 2013 and the guidance on emergency medicines is in the British National Formulary (BNF).

Staff recruitment

There were recruitment policies and procedures in place. The qualification, skills and experience of applicants had been fully considered as part of the recruitment process.

Are services safe?

Recruitment files contained an application form, references, employment history and General Dental Council (GDC) registration numbers and expiry date and documents confirming the employee's identification and address.

Recruitment files contained evidence of a Disclosure and Barring Service (DBS) check to ensure staff were not barred from working within health and social care settings.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. Policies and procedures in relation to safe working practices were in place. These included policies relating to health and safety. The practice had produced a file relating to the Control of Substances Hazardous to Health (COSHH) to enable staff to manage risks to patients, staff and visitors.

On the days the practice was open checks of the building, the environment, autoclave, ultrasonic bath, medication and emergency equipment were carried out. Water lines were flushed A fire risk assessment had been completed and there were fire extinguishers available. We saw these had been checked to ensure they were full and in good working order.

Employers and Public liability insurance was in place and up to date.

Infection control

The practice had an infection prevention and control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries. The written procedure for treating sharps injuries was displayed in the practice. We saw records to show staff had been immunised in respect of Hepatitis B - a serious illness that is transmitted by bodily fluids including blood.

Records showed a risk assessment for Legionella had been carried out in February 2015 by a specialist contractor (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This had not identified any issues. The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Dental unit water lines were flushed at the start of each working day and on a regular basis throughout the working days to ensure water was clean and free from contaminants.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05) and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents describe in detail the processes to prevent the transmission of infections.

The Code of Practice and the policies and procedures on infection prevention and control were accessible to staff. An infection control audit had been carried out on 15 February 2015 the audit included actions and timescales for completion. A second audit was planned for August 2015 and the principal dentist told us they would be carried out every six-month in accordance with HTM 01-05 guidance.

We observed the decontamination process. An instrument transportation system (a plastic box with a lockable lid) was in use to minimise the risks of cross contamination when transporting used instruments to the decontamination room on the first floor. This was in accordance with HTM 01-05.

The dental nurse put on an apron, heavy duty rubber gloves a face mask and glasses for eye protection. Stage one involved scrubbing dirty instruments in one sink, then placing them into the ultrasonic cleaner. Instruments were then placed into a second sink to be rinsed. They were then checked for any remaining debris using an illuminated magnifying glass, and if visibly clean, placed into the autoclave to be sterilised. Following decontamination the instruments were bagged, dated and stored.

All of the instruments stored in the treatment room were in sealed packs and were in date. The practice had personal protective equipment (PPE) such as disposable gloves, aprons, bibs and eye protection available for staff and patient use.

The work surfaces including the dental examination light and arm, instrument tray and dental chair were cleaned with a sterilising solution after each patient.

Clinical and domestic waste was separated and placed in safe containers for disposal by a registered waste carrier. Waste contracts and collection notes were held on file and demonstrated clinical waste was disposed of appropriately.

Hand hygiene posters were displayed around the practice and in the decontamination room. We toured the premises

Are services safe?

and found he practice was clean and well maintained, and this was confirmed in the patient feedback we received. Patient feedback indicated a bib to protect their clothing and safety glasses were provided during treatment.

Equipment and medicines

The practice kept a list of all equipment including dates when maintenance contracts required renewal. We saw the annual servicing certificates for equipment used at the practice including; portable electrical appliances, fixed electrical appliances, fire extinguishers, the autoclave and the X-ray equipment. There was evidence to show a five yearly fixed electrical appliance test had been undertaken prior to the practice opening.

Oxygen was available in the surgery for dealing with medical emergencies and face masks for both adults and children were available. The practice kept a supply of emergency medicines which were securely stored. Medicines were in date and monitored regularly by the principal dentist.

Radiography (X-rays)

We looked at the provider's radiation protection file as X-rays were taken and developed at the practice. We looked at X-ray equipment in use at the practice and asked the principal dentist about its use. We also saw documentary evidence to show X-ray equipment had been regularly tested and serviced.

The practice worked in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR (ME) R). The principal dentist was named as radiation protection supervisor (RPS) for the practice. An external radiation protection advisor (RPA) had been appointed to ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file that contained documentary evidence to show maintenance of the X-ray equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual dental care needs.

We looked at a selection of dental care records which showed the justification for taking X-rays, the findings and quality of images were recorded. An examination of a patient's soft tissues including lips, tongue and palate was carried out and the results recorded.

We looked at five dental care records which showed a structured approach to assessing and planning treatment. Each patient had an up to date medical history recorded on their dental care records and this was updated each time they attended for treatment. Patients told us the dentist asked if there had been any changes to medical conditions or any additional medicines.

Health promotion & prevention

This practice provided specialist orthodontic treatments. Where patients required dental treatment such as extractions or fillings patients would be referred back to their own dentist for this treatment.

Patients were offered a free pack containing toothpaste and toothbrushes to promote and maintain good oral health. There were various posters and leaflets in the waiting room providing information and advice to support patients to look after their oral health.

Staffing

New staff underwent a period of induction to support them in the first few weeks of working at the practice. Staff told us they had access to a wide range of policies and procedures that supported them in their role. Staff records showed professional registrations were up to date.

Dentists and dental nurses were registered with the General Dental Council (GDC) and were required to undertake a specified number of hours of their Continuing Professional Development (CPD) to maintain their registration. We looked at the CPD files of the principal dentist and the dental nurse and saw recent training included; information governance, radiography, annual medical emergencies and cardiopulmonary resuscitation (CPR), safeguarding, decontamination in dentistry and infection control.

The practice used a variety of ways to support staff to maintain their skills and knowledge either with on-line distance learning or face to face training sessions.

Working with other services

Patients either self-referred or were referred by their own dentist. Referral letters and response and follow-up from the other services were recorded. They did not use a referral template; the principal dentist wrote individual letters when referring patients to other services.

Patients were given a full examination and the findings were discussed in detail with the patient and/or parent/carer and a report sent to the persons dentist to ensure they were kept up to date with any treatments.

Consent to care and treatment

There was a policy relating to consent that provided guidance to staff about when consent was required and the importance of recording consent. Patients were given appropriate verbal and written information to enable them to make an informed decision about the treatment they received. Signed consent was seen in dental care records. Patient feedback confirmed that both verbal and written consent to their treatment was given and they had time to consider which treatment they wanted.

Staff understood the relevance of the Mental Capacity Act 2005 and Gillick test in relation to consent. (The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The principal dentist told us they would involve the patient's family and other professionals involved in their care to make sure that treatment was carried out in the patient's best interests.

Records showed that patients had been presented with a treatment plan that included the cost of treatment. The principal dentist told us they explained treatment options with their patients including the risks and benefits of each option. This was confirmed in patient feedback.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were extremely positive about the care they received from the practice. Feedback was that staff were caring, courteous, understanding and respectful. We saw positive interactions between staff and patients with staff providing reassurance. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. The principal dentist told explained how they ensured patient records were kept confidential. Patients dental care records were kept securely in a locked document safe. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Involvement in decisions about care and treatment

Assessment of patients for orthodontic malocclusion (crowding or prominent incisors) was carried out and included a full extra oral and intra oral examination and where necessary X-rays. The principal dentist told us they liaised closely with the patients own dentist to ensure the most suitable treatment was planned.

Patients told us they were given a copy of their treatment plan and associated costs and the expected length of the treatment. Patients had time to consider the options available before returning to have their treatment. Before any treatment started patients were asked to sign their treatment plan to confirm they understood and agreed to the proposed treatment.

The principal dentist told us they used a number of different methods including models of teeth and photographs to demonstrate the different types of removable aligners and fixed appliances so patients fully understood the options available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice used various methods for providing patients' with information including a practice website and patient welcome pack. This practice provided treatment privately there was no provision for treatment on the NHS. There were payment options available to meet the needs of those patients who preferred to spread the cost of their treatment.

Care and treatment was planned and delivered by staff who were qualified and registered with the General Dental Council (GDC) this ensured the safety and welfare of patients.

New patients were asked to provide a medical history and we saw evidence that this was updated at each visit. This provided important information about their previous dental, medical and social history.

Patients commented their appointments were an appropriate length of time, they did not feel rushed and they were seen promptly.

Tackling inequity and promoting equality

The principal dentist was aware of their responsibilities under the Disability Discrimination Act. There was a policy relating to equality and diversity that supported staff in understanding and meeting the diverse needs of patients. The premises were adapted to meet the needs of people with disabilities with wheelchair access to the main entrance and disabled toilet facilities. The treatment room was on the ground floor and was large enough to accommodate a wheelchair or a child's pushchair.

Where a patient's first language was not English or they had difficulties with communication arrangements were made for them to attend with a relative or friend. If this was not possible arrangements for an interpreter would be made.

Access to the service

The practice opening times were Tuesday 1.30pm until 3pm and Thursday 9am until 3pm. The practice provided flexible hours to meet the needs of patients unable to attend during the working day for example; later appointments and weekend appointments were available on request. There were plans to extend the opening hours as the patient list increases.

When the practice was closed telephone calls were redirected to the dentist or another practice. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

There was a ramp at the front entrance to the practice to help people with restricted mobility. The toilet was spacious and fitted with grab rails.

Concerns & complaints

There was a complaints policy and procedure in place which provided guidance to staff on dealing with complaints from patients. The practice opened in February 2015 and had not received any complaints. Information about how to complain was displayed in the waiting area.

The principal dentist was able to explain the procedure and how they would learn lessons and drive improvements from complaints. Feedback from patients was that they had no concerns about their treatment or the practice. Staff were able to explain the process for raising comments or concerns with the principal dentist/provider to ensure a timely response was given.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures in place to govern activity and these were available to all staff. These included confidentiality, incident reporting, consent to treatment, freedom of information, access to records and complaints. There were systems in place for carrying out clinical and non-clinical audits within the practice. The principal dentist participated in local and national initiatives to promote oral health such as; healthy eating.

Health and safety and risk management policies were in place to ensure the safety of patients and staff members. These included a fire risk assessment and a risk assessment associated with exposure to hazardous substances.

There was a business continuity plan in place for use in the event of a failure in the electricity or water supplies or damage to the building.

Leadership, openness and transparency

The practice had a statement of purpose which set out the aims and objectives of the service and types of treatments provided. There were clearly defined leadership roles within the practice. Staff told us they enjoyed working at the practice and received the support they needed. Staff told us the culture of on-going improvements within the practice enabled them to keep up to date with new developments.

This was a small practice and although formal staff meetings were not taking place, there were informal arrangements for sharing information including discussions at lunchtime. The principal dentist received support and peer review from colleagues at the dental department of the local hospital.

The principal dentist told us should a mistake be made they would give an apology to the patient and make right any treatment.

Management lead through learning and improvement

To maintain their registration with the General Dental Council (GDC) dentists and dental nurses are required to complete a specified number of hours of Continuing Professional Development (CPD). We looked at the CPD records for the principal dentist and dental nurse and found evidence of training in relation to; safeguarding, Mental Capacity Act 2005, medical emergencies and life support. We found there was a staff appraisal system in place and this was used to discuss aims and objectives and learning opportunities.

An infection prevention and control audit had been carried out in accordance with HTM 01-05 standards for decontamination in dental practices. Additional audits were carried out to ensure that patients received safe and appropriate treatments. These included audits of radiographs to assess the image quality of X-rays, the level of detail in patient dental care records and staff records. An audit of the environment was carried out to ensure the premises were safe for patients, staff and visitors. Audits included any actions required and timescales for completion to ensure improvements were made.

Staff confirmed they had received induction training when they had started work to ensure they were familiar with all the practice policies and procedures. Learning was promoted and encouraged and staff felt valued.

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

There was a patient survey used to seek patient's views on the quality of dental care they received. In addition there was a suggestions box in the waiting room. The practice had only been open since February 2015 but patient feedback indicated a high level of satisfaction with the service provided.