

Harpenden Orthodontics LLP

Harpenden Orthodontics

Inspection report

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Overall summary

We carried out this announced focussed inspection on 18 August 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Harpenden Orthodontics is in Harpenden, Hertfordshire and provides NHS and private orthodontic treatment for adults and children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

The practice is on the first floor of a shared building so there is no access for people who use wheelchairs and those with pushchairs. Patients who are unable to access the practice are referred to the sister practice in St Albans which has level access. Car parking is available from a pay and display car park near the practice.

The dental team includes four dentists, three of whom are on the General Dental Council (GDC) specialist list for orthodontics, three orthodontic therapists, nine dental nurses, four receptionists, two treatment co-ordinators, one administrator, and a practice manager. The provider owns another practice in St Albans and the principal dentist splits their hours between both practices. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Harpenden Orthodontics is the principal dentist.

During the inspection we spoke with two dentists, one orthodontic therapist, four dental nurses, 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 and Friday from 8.00am to 4.30pm

Tuesday - Thursday from 8.00am to 5.30pm

Our key findings were:

- Effective leadership was provided by the principal dentist and practice manager and there was a culture of continuous improvement.
- Staff we spoke with felt well supported and were committed to providing a professional, friendly and high-quality service to their patients.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice had a safeguarding champion and two safeguarding leads trained to level three in safeguarding.
- The provider had thorough staff recruitment procedures which reflected current legislation.
- 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.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. The principal dentist was the designated safeguarding champion and there were two additional safeguarding leads; all were trained to level three in safeguarding. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Information about reporting procedures, and a flowchart showing the contact details of local protection agencies was available throughout the practice. One of the safeguarding leads described to us how they had recognised signs of abuse to a child and made a safeguarding referral. This demonstrated to us that they took their safeguarding responsibilities seriously and reported appropriately. There were posters in the waiting area providing information about who to contact if there were concerns about child protection or female genital mutilation(FGM).

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. A code could be added to patients' notes who were considered vulnerable to indicate that they required "extra special care".

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional measures had been implemented to the patient journey to reduce the spread of COVID 19.

There was a dedicated decontamination room and the provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed on 18 June 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. We saw records of monthly water temperature checks for the hot and cold-water outlets which were all within the recommended temperature range.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Are services safe?

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy and staff felt confident they could raise concerns without fear of recrimination. The practice's whistleblowing policy and a practice culture poster were on display in the staff room.

The provider had a recruitment policy and thorough and effective procedures to help them employ suitable staff. These reflected the relevant legislation. Disclosure and Barring Service (DBS) checks were undertaken for all staff at the point of employment. We checked three staff recruitment records and found that the provider followed their recruitment procedure appropriately.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment had been carried out on 14 June 2021 in line with the legal requirements. Actions identified as being the responsibility of the premises' landlord had been communicated to them. Recommendations such as the painting of the fire exit steps with slip resistant paint had been completed. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Fire exits were kept clear and fire drill logs were available for us to view.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented effective systems to assess, monitor and manage risks to patient safety.

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the COVID-19 pandemic. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using sharp dental instruments. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

A sepsis information poster was displayed in the waiting area. This helped patients and staff to recognise the signs of sepsis and where necessary seek specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. The monthly staff meetings were used as a learning opportunity for staff to update their knowledge and practice their skills using emergency medical simulations.

Are services safe?

A dental nurse worked with the dentists and the orthodontic therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

A lone worker risk assessment was in place for the cleaner who worked alone at the practice.

The provider had risk assessments and data sheets to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

We saw that where there had been safety incidents, these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice was a referral clinic for orthodontic treatments. Orthodontic treatment was provided under NHS referral for children, except when the problem fell below the accepted eligibility criteria for NHS treatment. Private treatment was available for these patients as well as adults who required orthodontic treatment.

The practice had access to digital cameras to record before and after photos of treatment to enhance the delivery of care to patients.

NHS Referrals were received into the practice through a centralised referral system so that they could be tracked. The referring dentist was provided with a summary at the end of treatment for their patients with before and after photographs.

The orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which was used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

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 orthodontists and orthodontic therapists gave oral hygiene education to patients which included tooth brushing techniques and dietary advice. The practice had a toothbrushing bay where children could be shown how to brush their teeth effectively. However, this bay was currently not in use due to the COVID-19 pandemic. The orthodontists and orthodontic therapists provided patients with specific details on how to look after their orthodontic braces to prevent problems during treatment. They had produced tooth brushing videos which were emailed to patients.

Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces. These products together with toothbrushing kits including mouthwash and retainer kits these were available for sale in reception.

There was a mouth cancer awareness poster in the waiting area which provided patients with advice on this condition.

The orthodontists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's patient consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We saw the practice completed annual record keeping audits to check that the clinicians recorded the necessary information. The provider kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

The orthodontists, orthodontic therapists, dental nurses and treatment coordinators worked well together as a team to provide care to their patients. The dental nurses had extended duties which included radiography, impression taking, orthodontic nursing and oral hygiene instruction to enhance patient support.

Staff new to the practice had a structured induction programme. The practice employed a float nurse to cover staff absences and staff came in from the sister practice if required. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a specialist referral practice for orthodontics across the area.

The practice received NHS referrals through an online referral system which was closely monitored to ensure the clinicians were aware of all incoming referrals on a daily basis.

The dentists worked with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic treatment.

Are services well-led?

Our findings

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

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. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found the principal dentist and practice manager had the capacity, values and skills to deliver high-quality, sustainable care. We received consistently good feedback from staff about the principal dentist and practice manager who they described as approachable and supportive.

In addition to this, staff had delegated responsibilities, with specific leads in the practice for areas such as treatment co-ordination, infection control, safeguarding and the use of social media. The practice manager realised the benefit of giving staff additional responsibilities as a way to develop their skills and add interest to their role.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership. Staff told us that throughout the period when the practice had close for face to face treatment due to the COVID-19 pandemic that the practice had daily video calls to ensure that staff were kept up to date with guidance.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. One member of staff told us it was their dream job and they were proud to work in the practice.

The staff focused on the needs of patients. For example, when the practice had to close during the current pandemic staff created and sent patients "how to videos" showing patients what to do if they had an orthodontic emergency when the practice was closed.

We saw the provider had systems in place to deal with staff poor performance.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Staff told us the principal dentist and practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. There was information throughout the practice to advise patients how to complain.

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.

Are services well-led?

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at one complaint the practice had received and noted it had been investigated and responded to in a timely, empathetic and professional way.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for governance and the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example, staff arranged open evening meetings and visits to local dental practices to encourage and provide information to support them to make referrals. This had been suspended due to the pandemic. The practice was also actively involved in charity work and fund raising.

The provider used patient surveys, verbal comments and encouraged online reviews to obtain staff and patients' views about the service. At the time of our inspection, the practice was showing 4.6 stars out of 5 based on 49 reviews.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. This was reintroduced at the practice in August 2021 following suspension due to the pandemic and the results, which showed 100% of patients would recommend the practice, was on display in the patients' waiting area.

The provider gathered feedback from staff through monthly team 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. An example was, when a staff member suggested including an extra special care tag to patients' records who were considered vulnerable which was implemented at the practice.

Continuous improvement and innovation

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

The practice was also a member of a good practice certification scheme.

Are services well-led?

The principal dentist utilised innovative technology to enhance the delivery of care to patients. The practice had recently introduced a 3-D printer to construct in-house retainers removing the need for gypsum dental models and a 3-D intraoral scanner to replace the taking of impressions for appliances. The practice had also introduced virtual consultations and remote monitoring of patients undergoing orthodontic treatment during the lockdown due to the pandemic. This had significantly reduced the impact of the practice closure for new patients and those having ongoing treatment and meant that when the practice reopened and there was continuity of care for patients.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control and referrals. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, a member of staff who joined the practice as a decontamination nurse had been encouraged and supported to qualify as an orthodontic therapist and was still working at the practice.

The whole team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.