

## Preston Orthodontics Limited

# Preston Orthodontics

### Inspection Report

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### Overall summary

We carried out this announced inspection on 4 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

We found 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 caring?**

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

##### **Are services responsive?**

We found this practice was providing responsive 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.

##### **Background**

Preston Orthodontics is in the centre of Preston and provides NHS dental services with some private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Public car parking spaces is available near the practice.

The dental team includes one specialist orthodontist, one orthodontist therapist, one dental nurse and a practice manager. The practice has two treatment rooms.

# Summary of findings

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

On the day of inspection we collected 32 CQC comment cards filled in by patients.

During the inspection we spoke with the specialist orthodontist, the dental nurse 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 to Wednesday 9am-5.30pm and Thursday 10am-5.30pm. The practice is closed on a Friday.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the equipment to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC). Ensure staff are fully aware how to use all equipment to manage a medical emergency.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's procedures for closed-circuit television (CCTV) and compliance with the information commissioner's office protocols (ICO).
- Review the current fire risk assessment and implement the required actions including weekly fire alarm tests and regular fire drills.

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

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

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

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

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

The practice had suitable arrangements for dealing with medical and other emergencies but these could be improved.

Fire risk assessments were completed but regular testing of the fire protection system and fire drills should be in place.

No action



### Are services effective?

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

The specialist orthodontist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, caring and helpful. The orthodontist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The practice used closed circuit television for monitoring the treatment room, waiting and reception areas in the practice but did not display sufficient information for staff and patients and did not monitoring information in line with the Information Commissioners Office (ICO) code of practice.

No action



### Are services caring?

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

We received feedback about the practice from 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, compassionate and helpful.

No action



# Summary of findings

They said that they were given professional and consistently good treatment and said the specialist orthodontist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the practice.

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

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to an interpreter services where required.

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

**No action**



## **Are services well-led?**

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

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

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients in their dental records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

The practice had a fire risk assessment. We noted there was no evidence that fire drills or monthly alarm tests had been

carried out. Staff were familiar with the fire evacuation process and it was clearly displayed. We were assured that fire alarm tests and drills would be carried out in future and recorded.

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

We saw evidence that the specialist orthodontist justified, graded and reported upon the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. Staff followed the relevant safety regulation when using sharp dental items. 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 the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked.

Staff completed training in medical emergencies and life support every year but appeared unfamiliar with the use of the medical oxygen equipment and the location of masks and tubing associated with the emergency use of this equipment.

We reviewed the contents of the medical emergency kit. The medication in the kit was in date but some medical items were past their expiry dates such as syringes and some items were not as recognised guidance, for example midazolam. Glucogen was also stored in the refrigerator without adequate temperature monitoring. The provider contacted us after the inspection to inform us these issues had been rectified.

# Are services safe?

A dental nurse worked with the specialist orthodontist and orthodontist therapist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice 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 (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required. .

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

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

## **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 specialist orthodontist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records

were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

The specialist orthodontist was aware of current guidance with regard to prescribing medicines.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements –**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice for example; in learning from response to a medical emergency within the staff team.

There was a system for receiving and acting upon safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep staff up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Helping patients to live healthier lives

The specialist orthodontist told us that, where applicable, they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

### Consent to care and treatment

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

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

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The 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.

The provider had in place a closed circuit television system, (CCTV), in the treatment, reception and waiting rooms. We saw that notices were displayed to inform people that CCTV was in use. The provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The specialist orthodontist assessed patients' treatment needs in line with recognised guidance.

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

### Effective staffing

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

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

Staff told us they discussed training needs at annual appraisals and informal meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

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

The specialist orthodontist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

# Are services effective?

(for example, treatment is effective)

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were caring, sensitive and helpful. We saw that staff treated patients with dignity and respect and were welcoming and friendly towards patients at the reception desk and over the telephone.

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

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas could not provide complete privacy when reception staff were dealing with patients but we found staff spoke discreetly to patients and music played in the waiting area to help ensure further privacy. Staff told us that if a patient

asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected the practice information systems and patients' paper records were stored securely.

### **Involving people in decisions about care and treatment**

Interpretation services were available for patients who did not have English as a first language.

Staff helped patients and their carers find further information and access community and services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The specialist orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice website/information leaflet provided patients with information about the range of treatments available at the practice.

The specialist orthodontist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models; X-ray images to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

For instance the practice staff were flexible with the length and time of appointments during the day for patients with long term illness or a disability.

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

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen wherever possible on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the NHS 111 out of hour's service.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaint policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The specialist orthodontist was responsible for dealing with these.

The specialist orthodontist told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last 12 months and found these had been addressed in line with the practice complaints procedure. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

This was a practice with an individual specialist orthodontist and a small staff team. Lead roles had been identified within the team and leaders had the capacity and skills to deliver sustainable care.

Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The provider was visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the orthodontic needs of the practice population.

### Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice focused on the needs of patients.

The provider acted upon any behaviour and performance seen which was inconsistent with the vision and values of the practice.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The specialist orthodontist had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The specialist orthodontist 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.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice acted upon appropriate and accurate information.

The practice 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; the increasing of appointments available after school.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon. For example; reviewing the hour's staff worked to be more effective and flexible for the staff.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

## Are services well-led?

The specialist orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The staff 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 told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.