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Petts Wood Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 30 January 2019 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.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Petts Wood Orthodontics is in Petts Wood, Orpington, and provides NHS and private orthodontic treatment to adults and children.

There is level access via a lift and a portable ramp for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes two specialist orthodontists, three dental nurses and a practice manager. The practice has one treatment room.

The practice is owned by a partnership between the two orthodontists, and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility

Summary of findings

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 Petts Wood Orthodontics is one of the orthodontists.

On the day of inspection, we collected 32 CQC comment cards filled in by patients. We also obtained feedback from the practice's practice surveys and thank you cards.

During the inspection we spoke with an orthodontist (the registered manager), the head dental nurse, and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Our key findings were:

- The provider appeared 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 suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Staff were providing preventive care and supporting patients to ensure better oral health.
- Staff received appropriate training and this was regularly reviewed.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had made adjustments to accommodate patients with enhanced needs, such as wheelchair users, those with hearing difficulties, and patients who had problems with their vision.
- The provider valued feedback from staff and patients about the services they provided. They had processes to enable them to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements. Policies were suitable and regularly updated.
- Staff felt involved and supported and valued, and worked well as a team.
- The provider had effective leadership and a culture of continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Staff received training in safeguarding people 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.

No action



Are services effective?

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

The orthodontists assessed patients' needs and provided care and treatment in line with recognised guidance. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their records.

Patients described the service they received as professional, excellent and outstanding. They said staff explained things clearly and in an informative way.

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

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

Practice staff were involved in quality improvement initiatives such as a national 'good practice' certification scheme as part of its approach in providing high quality care. The practice participated in Peer Assessment Rating (a statutory requirement for NHS orthodontic providers developed by the British Orthodontic Society) to assess the standard of their orthodontic treatments; they had made improvements to the quality and effectiveness of their treatments.

The practice team kept complete patient dental care records which were, clearly written, or typed.

No action



Are services caring?

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

No action



Summary of findings

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 kind, caring, helpful and attentive. They commented that staff made them feel comfortable and confident. Parents told us staff were sensitive to the needs of their children who attended for treatment.

Patients said they were given clear information about their care and treatment, and said orthodontist listened to them.

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing a dental emergency.

Staff considered patients' different needs. This included providing facilities for patients with impaired mobility, and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had arrangements in place to enable them to respond to concerns and complaints efficiently.

No action 

Are services well-led?

We found that 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 provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, listening and responding to the views of patients and staff. They had carried out a wide range of audits which had led to improvements of the service.

No action 

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and 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 that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to highlight vulnerable patients on records e.g. adults and children where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

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

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

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

We saw evidence that the orthodontists justified, graded and reported on the radiographs they took. The practice 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

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The practice had employer's liability insurance.

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

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 was checked.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontists when they treated patients in line with GDC Standards for the Dental Team.

Are services safe?

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 (HTM 01-05) published by the Department of Health and Social Care. 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 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 practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 appeared visibly clean when we inspected it.

The provider 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 an orthodontist how information to deliver safe care and treatment was handled and recorded. We checked 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 legible, kept securely, and complied with General Data Protection Regulation 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 provider had reliable systems for appropriate and safe handling of medicines.

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

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

The orthodontist we spoke with was aware of current guidance with regards to prescribing medicines.

Track record on safety, lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues.

The practice documented, investigated and reviewed incidents. They discussed incidents with the rest of the dental practice team to prevent such occurrences happening again in the future. This helped them understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient, equipment and medicine safety alerts. We found they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep clinical staff up to date with current evidence-based practice. We saw that 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 staff were involved in quality improvement initiatives as part of their approach in providing high quality care; they were a member of a national 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The orthodontists, where applicable, 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 in supporting patients to live healthier lives; for example, local stop smoking services. They directed patients to these schemes when necessary.

The orthodontist we spoke with described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice. Patients whose periodontal condition meant that orthodontic treatment was not appropriate at that time would be referred back to their dentist or a specialist periodontist.

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 orthodontists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice's 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 Gillick competence, by which a child under the age of 16 years of age may give 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.

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 orthodontists assessed patients' treatment needs in line with recognised guidance.

The practice audited patients' dental care records to check that the orthodontists recorded the necessary information.

Effective staffing

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

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

Staff discussed their training needs during informal discussions and regular appraisals. We saw evidence of completed appraisals where staff discussed learning needs, general wellbeing and aims for future professional development.

The practice evidenced how they assessed and monitored the training requirements of their staff. The provider supported and encouraged staff to complete Continuing Professional Development. Staff completed 'highly

Are services effective?

(for example, treatment is effective)

recommended' training as per General Dental Council's professional standards. This included undertaking medical emergencies and basic life support training annually. Staff had completed other training including, for example, Legionella awareness, mental capacity, protecting patient information, equality and diversity, legal and ethical issues, clinical hypnosis and disability awareness.

Co-ordinating care and treatment

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

The orthodontist we spoke with 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 to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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

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. They were aware of their responsibility to respect people's diversity and human rights. They were friendly and helpful towards people at the reception desk and over the telephone.

We received feedback from 32 patients. They commented positively that staff were respectful, polite, kind and helpful, and that they were treated with dignity and respect. They said they had received an excellent, professional and outstanding service. They also told us staff were helpful, caring and attentive, and made them feel comfortable and confident.

The practice showed us 29 thank you cards they had recently received, in which patients expressed their appreciation for the high standard of care they had received.

Information leaflets 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. If a patient asked for more privacy, staff could take them into another room. The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up daily to secure their storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand; communication aids and easy read materials were available.
- The practice had their 'code of practice' and 'services available to patients' documents available in braille for blind patients. They told us they could provide other documents as needed in braille and large print.

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

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

The orthodontist described to us the methods they used to help patients understand treatment options discussed. These included, for example, photographs, models, and radiograph images.

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 and took account of their needs and preferences.

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

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, documents printed in Braille, and accessible toilet with hand rails.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

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

The practice displayed its opening hours in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment could be seen the same day. Patients told us

they had enough time during their appointment and did not feel rushed. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice had carried out audits on appointments patients had failed to attend, to identify any patterns in non-attendance and whether the practice could make any changes to reduce failed appointments. They found their non-attendance rate was in line with the national average and discussed plans to implement a text appointment reminder system in the future.

The practice's website, information leaflet and answerphone provided the relevant contact details 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 policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint.

The practice manager and the registered manager were responsible for dealing with complaints. The practice manager told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

We found senior staff members had the capacity and skills to deliver high-quality care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of their services.

They were visible and approachable, worked closely with staff and prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear philosophy, vision and set of values understood by all staff. These included:

- Putting patients first, including their safety, values and expectations.
- Providing the highest standards of treatment possible.
- Acting with integrity.
- Taking pride in the services they provide.
- Using clinical expertise and the best evidence-based medicine.

Culture

The practice had an open, inclusive culture that was focused on excellent team working, well-being, communication and high-quality patient-focused care. They had processes in place to manage behaviour that was not in line with their culture and values.

Staff told us they felt respected, supported and valued. They appeared proud to work in the practice. They showed openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so; they had confidence that any issues would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for 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.

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

Appropriate and accurate information

The practice 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 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 services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The provider had acted on feedback from patients by increasing the range of reading material available in the waiting area.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Responses to the practice's FFT they audited between January 2018 and December 2018 showed 100% of patients were either likely, or extremely likely, to recommend the practice to their friends and family members.

The practice carried out its own patient satisfaction surveys which covered areas such as their perception of the friendliness of staff, whether questions were answered adequately, and whether they understood explanations

Are services well-led?

given to the by their orthodontist regarding their care. The practice had audited the surveys and created an action plan to enable them to increase patient satisfaction across all areas.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Senior staff had responded to staff by diversifying the tasks allocated to them.

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, hand cleaning, disability access, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The practice had also monitored the orthodontic treatment outcomes for patients annually using the Peer Assessment Rating (a statutory requirement for NHS orthodontic providers developed by the British Orthodontic Society). The practice had improved the quality and effectiveness of their orthodontic treatments.