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Orthodontic Practice Tring

Inspection report

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Overall summary

We undertook a follow up focused inspection of Orthodontic Practice Tring on 24 October 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Orthodontic Practice Tring on 27 April 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Orthodontic Practice Tring on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 27 April 2023

Summary of findings

Background

Orthodontic Practice Tring is in the town of Tring in Hertfordshire and provides NHS and some private orthodontic treatment for adults and children.

There is a portable ramp for access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 specialist orthodontist, 1 dental nurse, and 1 receptionist. The practice has 1 treatment and 1 consultation room.

During the inspection we spoke with all members of staff. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Mondays, Tuesday, and Thursdays from 8.45am to 5pm

Fridays from 8.45am to 1pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?	**No action** ✓

Are services well-led?

Our findings

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

At the inspection on 24 October 2023, we found the practice had made the following improvements to comply with the regulations:

- We saw that the practice had improved their recruitment procedures as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular, satisfactory evidence of conduct in previous employment and photographic identification for all staff had been obtained. The practice had not recruited any new members of staff since our last inspection.
- The practice had arranged blood tests for clinical staff to provide evidence of immunity against the Hepatitis B virus.
- Staff members had been provided with an appraisal.
- We saw that the practice's infection control procedures had been improved and were in line with the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, all metal impression trays were sterilised in the autoclave after use and wire bur brushes had been removed from the practice.
- We saw evidence that the provider had undertaken a risk assessment for all hazardous materials used within the practice as per Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- We saw that a bespoke health and safety risk assessment which included the risks associated with sharps and lone working had been undertaken by an external company on 6 June 2023 and we saw that the recommended actions had been completed.
- The provider had obtained all the medicines and equipment to manage a medical emergency so that they were in line with Resuscitation Council UK guidance, for example the medicine to manage seizures (buccal Midazolam), paediatric face masks, size 0 airway and child size self-inflating bag with reservoir, portable suction, a spacer device to administer bronchodilator medicine, razor, and scissors, paediatric pads to use with the automated external defibrillator and the recommended sizes of needles for the administration of emergency medicines. In addition, we saw that the emergency medicines and equipment were checked weekly.
- We saw that the washer disinfector that was out of service had been decommissioned.
- We saw evidence that dental care records included the necessary information to be in line with recognised guidance.
- We saw that the dentist was recording consent for care and treatment in line with legislation and guidance.

The practice had also made further improvements:

- We saw evidence that infection prevention and control audits were undertaken 6 monthly in line with guidance and that audits of radiography and record keeping were undertaken at regular intervals to improve the quality of the service. The audits were reflective of the practice and had documented learning points.
- We saw evidence that the practice had implemented the recommendations in the practice's Legionella risk assessment completed in 2011. In particular, by recording the sentinel hot and cold-water temperatures on a monthly basis and undertaking water quality checks.

Are services well-led?

- We saw that the practice had signed up to receive patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. However improvement could be made to ensure that alerts which were relevant to the practice were acted on.