

## Edgbaston Orthodontics Ltd

# Edgbaston Orthodontics Ltd

### Inspection Report

17 Portland Road  
Birmingham  
B16 9HN

Tel: 01214544100

Website: [www.edgbastonorthodonticcentre.com](http://www.edgbastonorthodonticcentre.com)

Date of inspection visit: 10 December 2019

Date of publication: 18/02/2020

### Overall summary

We carried out this announced inspection on 10 December 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 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**

Edgbaston Orthodontics Ltd is in Edgbaston in Birmingham and provides NHS and private orthodontic treatment for adults and children.

The dental practice is located on the first floor in a listed building. There is level access to the ground floor for people who use wheelchairs and those with pushchairs but there is no lift to the first floor due to building restrictions. Car parking spaces, including dedicated parking for people with disabilities, are available immediately outside the practice.

The dental team includes three dentists (two of whom are specialist orthodontists), three orthodontic therapists, one orthodontic nurse, two dental nurses, one

# Summary of findings

receptionist, one external advisor and a practice manager. The practice has one treatment room and a separate room for carrying out the decontamination of instruments.

The practice is owned by a company 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 Edgbaston Orthodontics Ltd is the principal dentist.

On the day of inspection, we collected 27 CQC comment cards filled in by patients.

During the inspection we spoke with one orthodontist, one orthodontic dental nurse, the external advisor 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 – Thursday: 8:30am to 5:00pm

Friday: 8:00am to 3:30pm

## **Our key findings were:**

- 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 provider had 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Safeguarding contact details were displayed in the waiting room and in the treatment room. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that all staff had received safeguarding training.

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.

The provider also had a system to identify adults that were in other vulnerable situations, for example, those who were known to have experienced female genital mutilation.

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. The infection control lead had completed training in October 2019.

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.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised staff that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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.

The provider had a Speak-Up policy and it included both internal and external contact details for reporting any concerns. 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 to help them employ suitable staff. This reflected the relevant legislation but some information was missing from the personnel files. We reviewed three staff recruitment records and found that one staff member did not have any references and another did not have photographic identity verification documents. Within 48 hours, the practice manager informed us that the personnel files had been updated and all documents were now present.

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

# Are services safe?

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 in line with the legal requirements. This had been completed by an external company in August 2019. We saw there were fire extinguishers, emergency lighting and fire detection systems throughout the building and fire exits were kept clear. Staff had completed training in fire safety. No fire drills had been carried out since July 2018. The practice manager contacted us after our visit and informed us that a fire drill took place one day after our visit.

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 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 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 items. A sharps risk assessment had been undertaken and was updated regularly.

We reviewed staff vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, some of the records were missing

and some were incomplete for some clinical staff. Within two working days, the practice manager informed us that all these documents had been checked and all clinical staff were appropriately immunised.

We spoke with the dentist and they had knowledge of the recognition, diagnosis and early management of sepsis. However, they had never seen any cases of this within an orthodontic practice.

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. One emergency medicine was refrigerated but the fridge's temperature was not monitored to ensure that it remained within the recommended parameters. Within two days of our visit, the practice manager informed us that a thermometer had been ordered and that daily temperature checks have been added to their daily checklist.

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

The provider had risk assessments 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.

## **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

## Are services safe?

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.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be 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 dentists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be 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.

Staff had access to an extra-oral camera to enhance the delivery of care.

### **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 clinicians where applicable, discussed diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health. All patients were given written and verbal information about maintaining dental health when commencing orthodontic treatment.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools. Staff visited schools educate children in tooth brushing techniques and orthodontic treatment.

### **Consent to care and treatment**

Staff 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 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 are 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.

Written treatment plans and consent forms were given to all patients. All patients were given time to consider their options and the consent forms were signed by the patients and their parents.

The team understood their responsibilities under the Mental Capacity Act 2005 which relates to the treatment of adults who might not be able to make informed decisions. Staff also understood 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 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 dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff 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. For example, the practice manager had attained a qualification in dental practice management and one of the dental nurses had completed qualifications in dental radiography and photography.

Staff new to the practice had a structured induction programme. 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.

## Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to specialists in secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontic treatment and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral system to ensure they were responded to promptly.



# Are services caring?

## Our findings

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

### **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 polite, kind and professional. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist and patients told us they were made to feel relaxed and comfortable by staff.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

Patients told us staff were kind and helpful.

Patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' and staff's privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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 patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of 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. We saw:

- There was no written information about interpreter services for patients who did not speak or understand English. Staff told us they had never needed to use interpreter services at the practice. Patients were told about multi-lingual staff that might be able to support them. Nine additional languages were spoken by staff at the practice which included Hindi, Punjabi and Arabic. Within 48 hours, the practice manager sent us a revised version of their accessible information policy which included information about accessing interpreter services.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available. X-rays and photographs were shown to patients to help them understand the proposed treatment.

Staff 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. One patient commented that "the treatment plan was explained to me in detail". A dentist 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 treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as children with a learning difficulty. Staff described how they met the needs of more vulnerable patients such as anxious patients and those living with autism. We were told patients who were nervous or needed additional support were often seen at the end of the session so that staff could spend more time with them if needed.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

27 cards were completed, giving a patient response rate of 54%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the caring nature of staff, high standard of treatment and thorough explanations of treatment options.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop and reading materials were available in larger font size. The practice was situated within a listed building and it was not possible to add a lift or stairlift in the premises. New patients were sent a letter explaining that the premises are situated on the first floor. A portable ramp was used to enable patients with mobility issues to enter the building.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The practice sent appointment reminders to all patients that had consented.

### 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 the premises and included it 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 were offered an appointment the same day. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Patients 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The practice referred patients to NHS 111 out of hours service if they required urgent dental care outside the practice's opening hours.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

Staff told us the 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. Information in the waiting room and the practice information leaflet explained how to make a complaint.

# Are services responsive to people's needs?

(for example, to feedback?)

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. Written and verbal comments from patients were logged.

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 comments, compliments and complaints the practice had received in the previous 12 months.

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

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 significant 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 that the leaders had the capacity, values and skills to deliver high-quality, sustainable care.

The leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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.

We saw the registered manager had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The practice aims and objectives were to provide dental care and treatment of consistently good quality for all patients and only to provide services that meet patients' needs and wishes. They aimed to make care and treatment as comfortable and convenient as possible. In addition, they aimed to understand and exceed the expectations of their clients.

### Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice and said that they felt their views were listened to.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Staff explained how they changed appointment times to prioritise patients' needs.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff we spoke with were aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff shared an example of when they had acted in accordance with this regulation when they had placed an incorrect order for a dental material.

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

### Governance and management

Staff had 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.

We saw there were clear and effective processes for managing risks, issues and performance.

The practice held monthly staff meetings where learning was disseminated.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, surveys and audits was used to ensure and improve performance. Performance information was combined with the views of patients.

# Are services well-led?

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.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. This included the introduction of a telephone answerphone service. Staff were involved in making decisions about their uniforms and the ordering of stock at the practice. We reviewed the summary from patient surveys that were carried out in May 2019 and the feedback was overwhelmingly positive.

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. Results of this were displayed and comments from patients included 'always friendly and helpful'.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Staff also carried out audits in hand hygiene and the breakage of orthodontic appliances.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The registered manager funded staff's training and staff had the opportunity to complete this during usual practice opening times.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The practice manager checked all staff's training progress every six months. The provider supported and encouraged staff to complete continuing professional development.