

Mr. Philip Mason

Mr P L Mason - Orthodontics

Inspection Report

17 Portland Road
Birmingham
B16 9HN
Tel: 01214562199

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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

Mr P L Mason – Orthodontics dental practice 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 two dentists, one dental nurse and one receptionist who is also the practice administrator / co-ordinator. The dental nurse had been

Summary of findings

on long-term leave and was not available on the day of our visit. During their absence, one of the dentists supported the other dentist by carrying out chairside and nursing duties. The practice administrator carried out reception duties. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. 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 19 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays, Tuesdays, Thursdays and Fridays between 9am and 4:30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. Improvements were made to strengthen processes within 48 hours of our inspection.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. A few items were missing but these were immediately ordered.
- 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.

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

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Implement an effective system for receiving and responding to 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.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had 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 and flow charts were displayed 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 the two dentists and dental nurse had completed safeguarding training to the recommended level in April 2016. Both dentists had received further training since then but not to the recommended level.

There was no evidence that the receptionist had completed recent training in safeguarding children and vulnerable adults. Within one day of our visit all three staff members completed safeguarding training to the recommended levels and sent certificates demonstrating this to us.

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 patients 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 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 mostly validated, maintained and used in line with the

manufacturers' guidance. However, staff were validating the first sterilisation cycle each day only but guidance recommends that all cycles are validated. Within two days of our visit, the provider informed us that they were now validating all sterilisation cycles in line with 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 the provider 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 temperature of the cleaning solution was not monitored to ensure that it remained below the recommended parameter.

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 provider carried out infection prevention and control audits at the practice. We reviewed the latest audit and found that it was undated. The most recent audit that had a date on it was in 2017. This did not have documented learning points with action plans. Within two days of our visit, the provider emailed us a completed audit. This was comprehensive with an action plan and timeframes for completion of actions. They planned to complete the next audit in six months which is in line with current guidance.

Are services safe?

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 there was no evidence of satisfactory conduct in previous employment for staff. We discussed this with the provider and they explained that the same dental nurse had worked at the practice for over thirty years. The dentist and receptionist were both related to the provider which is why they did not seek references. However, they assured us these would be sought during recruitment procedures in future. All other documents were present, for example, photographic identity and Disclosure and Barring Service checks.

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

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

A fire risk assessment was carried out in line with the legal requirements. This was 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. We were sent evidence to show that a fire drill took place the 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 dentist graded the radiographs they took. We found that the radiographs were not consistently justified or reported on. Within two days the provider sent us evidence of a written template that they would use which prompts them to justify and report on all radiographs taken. The completed templates would be stored within the patients' record cards. An audit had been completed in March 2019 and this was forwarded to us

within two days of our visit. The provider informed us that another audit was already in progress. They also planned to complete a further audit to check the effectiveness of the newly introduced template.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. This was overdue for both dentists at the time of our visit. They contacted us after the inspection to inform us they had found an appropriate course online which they aimed to complete before the end of December.

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 and only the dentists handled used sharp instruments. A sharps risk assessment had not been undertaken. This was forwarded to us within two days of our visit.

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

Staff had completed sepsis awareness training and were aware of the signs and symptoms. They had never seen this in the practice as they offered orthodontic services only.

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 with the exception of a paediatric face mask. Oropharyngeal airways were present but had expired. We saw evidence that replacement items had been ordered. One emergency medicine was stored in the refrigerator but the temperature was not monitored to ensure it remained within the recommended parameters. Staff kept records of the regular checks of the emergency

Are services safe?

equipment and medicines to make sure these were available and in working order. The provider contacted us and informed us that they had implemented daily checks of the fridge temperature.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team. The dental nurse had been on long-term leave and was not available on the day of our visit. During their absence, one of the dentists supported the other dentist by carrying out chairside and nursing duties.

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 written 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.

Safe and appropriate use of medicines

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. No antibiotics were prescribed at the practice due to it being limited to the provision of orthodontic treatment only.

Track record on safety, and lessons learned and improvements

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

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 did not have an effective system for receiving and acting on safety alerts. The provider sent us evidence to show that they had subscribed to an appropriate organisation which would enable them to receive regular safety alerts.

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 orthodontist 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.

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 dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists, where applicable, discussed diet with patients during appointments. The practice provided leaflets to help patients with their oral health. The waiting room had posters displayed with information for patients on how to improve their oral hygiene.

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 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.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The dentists assessed patients' treatment needs in line with recognised guidance. The practice kept dental care records containing information about the patients' current orthodontic needs and medical histories. We reviewed a selection of records and found that they needed to be more comprehensive. The provider informed us they would complete a course on dental record keeping within one week of our visit.

The provider had not completed any audits in dental record keeping to encourage learning and continuous improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. At the time of our visit, one of the dentists was undertaking a postgraduate degree to further their qualifications in the provision of orthodontics. They were also the compliance lead at the practice.

We saw evidence of a structured induction programme that would be used when recruiting staff. 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 practice was a referral clinic for orthodontic treatment and we saw staff monitored and ensured the provider was aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking 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 caring, exceptional and that they provided an excellent service. 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.

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. The provider had established the practice in 1986 and was proud to be treating more than one generation of the same family. Several patients travelled from afar as they only wanted to be treated by this provider.

A large display of thank you cards was available for patients to read in the treatment room.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television (CCTV) to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas

provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. A consulting room was available on the ground floor for confidential discussions. 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:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patients that translation services were available.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about orthodontic treatment available at the practice.

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 patients with learning difficulties. Staff shared anonymised examples of how they met the needs of more vulnerable members of society such as patients with dental phobia and autism.

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.

19 cards were completed, giving a patient response rate of 38%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the provision of an excellent service with exceptional results, timekeeping, cleanliness and brilliant staff.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients disliked loud noises so staff would ensure that they explained everything to them during the treatment session.

The practice had made reasonable adjustments for patients with disabilities. The practice was situated within a listed building and it was not possible to add a lift or stairlift in the premises. Consultations were carried out in a ground floor room which was able to accommodate patients in wheelchairs. A portable ramp was used to enable patients with mobility issues to enter the building. Reading materials, such as the practice information

leaflets, were available in larger font size upon request. A hearing induction loop was not available but staff were able to communicate by writing information down or patients could bring an interpreter with them.

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

We were told patients who needed additional support were often seen at quieter times of the day when the waiting room was less noisy and stressful, for example, at the beginning or end of a session. This information was flagged on their personal record as a prompt for staff.

A selection of magazines was provided for patients in the waiting room.

Timely access to services

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

The practice included its opening hours in their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Staff occasionally opened the practice on a non-working day if a patient required urgent treatment and staff availability allowed them to do this. 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 requiring urgent dental care to NHS 111 out of hours service when the practice was closed. The staff took part in an emergency on-call arrangement with a local practice when staff were on annual leave.

The practice's information leaflet, answerphone and individual appointment cards 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

Staff told us the compliance lead 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 displayed in the waiting room explained how to make a complaint.

The compliance lead was responsible for dealing with these. Any formal or informal comments or concerns were shared with the compliance lead straight away so patients received a quick response.

The compliance lead 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 compliance lead 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. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustained high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

The practice acted quickly and effectively to address a number of shortfalls identified in our inspection. This demonstrated to us that they were committed to improving their service.

The practice aims and objectives were to provide high quality, results-driven care to their patients in a safe and clean environment. Staff aimed to ensure that patients were at the centre of everything.

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.

Staff discussed their training needs during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of templates for formal appraisals and the provider informed us they would complete these every six months for staff moving forward.

The staff focused on the needs of patients. Most patients at the practice were children and staff ensured the children were comfortable by taking the time to explain treatment to them.

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. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The provider was aware of this regulation and shared an example of when they had acted in accordance with this regulation.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also 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.

Appropriate and accurate information

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

Are services well-led?

Staff involved patients, the public, staff and external partners to support the service.

The provider used comment cards 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. Examples included the introduction of different types of orthodontic retainers and different coloured orthodontic appliances to increase the choice for patients.

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 from four respondents in October 2019 showed that 100% of patients would recommend this practice to family and friends.

The provider gathered feedback from staff through 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 some systems and processes for learning, continuous improvement and innovation.

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. However, these were not completed in line with current guidance. There were no recorded action plans and improvements and the infection prevention and control audits were not regularly completed. By following action plans, the practice would have been able to assure themselves that they had made improvements as a direct result of the audit findings.

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

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