

Mr Damian Petrucci

Regent Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 30 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Regent Orthodontics is in Bradford and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a dedicated car park for patients and staff.

Summary of findings

The dental team includes two orthodontists, five dental nurses, one orthodontic therapist, two receptionists and a practice manager. The practice has a four chair clinic, two treatment rooms, a discussion room, a photo room and an X-ray room.

The practice is owned by an individual who is the principal orthodontist 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 50 CQC comment cards filled in by patients or their parents / guardians. This information gave us a positive view of the practice.

During the inspection we spoke with one orthodontist, four dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8:00am to 5:00pm

Friday from 8:00am to 1:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures. Improvements could be made to the process for storing clean instruments.
- Staff had completed training in how to deal with medical emergencies. The process for checking emergency equipment could be improved.
- The practice's approach towards risk management of sharps and Legionella could be improved.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Not all staff had completed level two safeguarding training.
- The practice's staff recruitment procedures could be improved.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the system for identifying and disposing of out-of-date equipment.
- Review the safeguarding training of staff ensuring they are trained to an appropriate level.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's recruitment policy and procedures to ensure Disclosure and Barring Service (DBS) are requested and recorded suitably.

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 and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Level two safeguarding training was not mandatory at the practice.

Staff were qualified for their roles and the practice completed some recruitment checks. The practice did not obtain DBS checks for dental nurses. The provider took immediate action to apply for these and we were sent evidence of this after the inspection.

The practice followed national guidance for cleaning and sterilising dental instruments. The practice did not store clean instruments in accordance with national guidance. There were some gaps in the validation of the ultrasonic bath.

A Legionella risk assessment had been carried out. Monthly water temperature testing and regular flushing of the dental unit water lines (DUWL) had not been carried out.

The practice had some arrangements for dealing with medical and other emergencies. We noted the practice did not have buccal midazolam. We were later sent evidence this had been ordered. We saw some items of the emergency equipment had passed their expiry date. These were later ordered and evidence was sent to the inspector.

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. Patients described the treatment they received as great, excellent and of a very high standard. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had had an efficient system of working with other dental professionals including clear arrangements when patients needed to be referred for further treatment.

The practice supported staff to complete training relevant to their roles. The practice used an orthodontic therapist and many of the dental nurses had completed additional training relevant to their roles.

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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were brilliant, helpful and understanding. They said that they were given full explanations about their care and said their 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain or if their orthodontic appliance had broken.

Staff considered patients' different needs. This included providing facilities for disabled patients. 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 responded to concerns and complaints quickly and constructively.

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. Improvements could be made to the overall governance system to ensure processes are embedded to ensure risks are appropriately managed and procedures reflect current guidance and legislation.

There was a clearly defined management structure and staff felt supported and appreciated.

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

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

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded and discussed all incidents to reduce risk and support future learning. We saw two sharps incidents which involved dirty sharps were recorded in the accident book. There was no supporting information to show they had sought advice from occupational health. We were later told that these were being followed up appropriately. We were also sent evidence of a new sharps injury protocol which had been implemented after the inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff had completed safeguarding training. It was not clear from the training certificates what level training staff had completed. We were later sent evidence that they had all been booked to attend level two safeguarding and had also been prompted to complete on-line training in the interim.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which were reviewed regularly. The practice did not have a sharps risk assessment for dealing with sharps involved in

orthodontic treatment. We were later sent evidence a sharps risk assessment had been put in place and a process put in place to reduce the likelihood of staff sustaining a sharps injury.

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

Medical emergencies

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

Not all emergency medicines were available as described in recognised guidance. The practice did not have buccal midazolam (which is used to treat an epileptic seizure). We were later sent evidence this had been ordered. The system for checking emergency equipment was not effective. We noted several items of emergency equipment had passed their use by date. We were later sent evidence that these items had been replaced and a more effective system put in place to ensure they do not go past their expiry dates.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment files. These showed the practice did not obtain DBS checks for dental nurses. We were later sent evidence that DBS checks had been applied for all staff. The recruitment procedure had also been updated to reflect the need for DBS checks for all new staff.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the orthodontists and orthodontic therapist when they treated patients.

Infection control

Are services safe?

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff completed infection prevention and control training every year.

The practice had arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. There was an inconsistent approach to storing clean dental instruments. We noted some clean instruments were stored in the clinical area which were not bagged. These were not re-sterilised at the end of the day as recommended in guidance. We were later sent evidence that this process had been reviewed and brought in line with current guidance.

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

A Legionella risk assessment had been carried out. This had recommended monthly hot and cold water temperature testing. This had not been done. The management of the dental unit water lines was also inconsistent. Staff were only flushing the dental unit water lines at the end of the day. We were later told that staff had completed extra training on this after the inspection and the senior dental nurse had taken responsibility to check the water temperatures on a monthly basis.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks on the autoclaves in line with the manufacturers' recommendations. We noted there were some inconsistencies in the checking of the ultrasonic bath. There had not been an ultrasonic activity test carried out since March 2017 and no soil test had ever been carried out. We were later sent evidence the soil test had been ordered and a process put in place to ensure the foil test was carried out regularly.

Radiography (X-rays)

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

We saw evidence that the orthodontists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The orthodontists advised patients about the use of fluoride toothpaste and mouthwash whilst undergoing orthodontic treatment. They also enforced the importance of maintain good oral hygiene. The potential effects of poor diet and oral hygiene were highlighted to patients.

Staffing

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

Many of the dental nurses had completed additional training relevant to their roles. These included impression taking, radiography and dental photography.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The service had an effective system in place for receiving referrals from other dental professionals. We saw evidence of how they communicated with the referring dentist to ensure the patients treatment was carried out smoothly.

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. We saw evidence of an urgent referral which was sent through the two week wait arrangement.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The orthodontist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment. Patients were given a treatment plan and a leaflet about what to expect during orthodontic treatment.

The practice's consent policy included information about the Gillick competence and the orthodontist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other

patients might see it. The layout of the polyclinic was conducive to maintaining confidentiality. There were separating walls between the dental chairs which prevented patients seeing others receiving treatment.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. An orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options. They used X-rays and photographs to help discuss treatment options with patients. Discussions about treatment were held in a private room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Patients were sent text message reminders two days before their appointments. We were told staff would call patients after having certain treatments carried out to see how they were coping with the new appliance.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille. Many staff were also multilingual and spoke Urdu and Punjabi.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. The 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. 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.

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

We looked at comments, compliments and complaints the practice received in the last 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

Governance arrangements

The principal orthodontist 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 practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

On the day of the inspection the practice staff were open to feedback. They took immediate actions to address the

concerns raised during the inspection and send supporting evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff to make further improvements.

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

The principal orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys to obtain staff and patients' views about the service.

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.

Feedback from the latest survey was displayed in the waiting room for patients to see.