

Mr. Robert Woodier

# The Orthodontic Practice

## Inspection Report

84 Rodney Street  
Liverpool  
L1 9AR

Tel: 0151 709 1980

[www.theorthodonticpractice.co.uk](http://www.theorthodonticpractice.co.uk)

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### Overall summary

We carried out this announced inspection on 10 March 2020 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**

The Orthodontic Practice is in Liverpool city centre and provides NHS and private orthodontic dental care and treatment for adults and children. NHS patients are referred to the practice by their own general dental practice.

There is level access to the practice for people with limited mobility and for those with pushchairs. Car parking spaces in the street, including dedicated parking for people with disabilities, are available close to the practice, on a pay and display basis, where waiting time is limited.

The dental team includes the principal orthodontist, two associate orthodontists, five dental nurses, two dental technicians, a receptionist and a practice secretary. The practice has three operational treatment rooms one of

# Summary of findings

which is at ground floor level. There is a dedicated decontamination facility, an onsite laboratory for producing prosthetics and aligners, an X-ray suite and developing room. There is onsite storage space for study models, records and offices for administrative staff.

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 46 CQC comment cards filled in by patients. All feedback received was highly positive.

During the inspection we spoke with the principal orthodontist and one associate orthodontist, two dental nurses, a dental technician, a receptionist and the practice secretary. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 5pm.

## 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 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 had systems in place to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Consider the current Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, whether this meets the needs of the the practice and considers all risks.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records. This should include the justification for any X-ray imaging and recording of any periodontal concerns.
- Implement practice protocols and procedures to ensure staff are up to date with their training and their continuing professional development.
- Take action to ensure audits of radiography and patient dental records that are undertaken are reviewed effectively to improve the quality of the service. Practice should 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.

<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> <Findings here>	<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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 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 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 had systems in place to ensure that patient-specific dental appliances were disinfected prior to being passed to the on-site 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. The risk assessment

in place required review to ensure it truly reflected the layout of the building, clinical treatment rooms that were not used and that water temperature testing was being carried out. Dental unit water line management was 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, although the audit did not accurately reflect that the Legionella risk assessment required review.

The practice speak up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice staff felt confident they could raise concerns without fear of recrimination.

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

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. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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. We observed that audit of patient dental care records had not fully addressed

# Are services safe?

instances where this information was not recorded in patient dental records. The provider confirmed they would act on this when we provided this information in feedback at the end of our inspection.

The provider carried out radiography audits every year following current guidance and legislation. We discussed how these could be further strengthened.

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 any sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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.

Not all staff had completed sepsis awareness training. We discussed how the knowledge of the principal and associate orthodontists could be shared with staff in the practice, to help ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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.

A dental nurse worked with the orthodontists when they treated patients in line with General Dental Council Standards for the Dental Team. There was a policy of no lone working in place at the practice.

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 orthodontist 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 legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

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

The orthodontists were aware of current guidance with regards to prescribing medicines. The practice had no need to prescribe to patients as they provided purely orthodontic treatment, on a referral basis from general dental practice.

## 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 orthodontists 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.

The dental technician worked closely with the orthodontists to provide appliances that met patient needs. Patients commented on their positive experiences at this practice, that was complemented by this on-site service.

### **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 orthodontists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The orthodontists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice and taking plaque and gum bleeding scores. We discussed how this should be recorded in all patient dental care records, and how audit of records should report on this, as a driver of improvement.

### **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 for patients who were 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 orthodontist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating a child under the age of 16 years, the application of Gillick competence and of how they 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 practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontists assessed patients' treatment needs in line with recognised guidance. The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits. We discussed how these could be further strengthened by identifying any instances where rationale for X-ray imaging was not recorded, or the result of the image had not been recorded.

### **Effective staffing**

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

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. We discussed how staff would benefit from refresher courses in certain areas, to ensure they stayed up to date with current best practice.

### **Co-ordinating care and treatment**

# Are services effective?

(for example, treatment is effective)

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

The orthodontists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontics, and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals to ensure they were responded to promptly and that no patients referred fell out of the queue for treatment.



# 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 professional, approachable and caring. We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful if they were in pain or discomfort.

Information folders and thank you cards were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception staff did not leave patients' personal information where other patients might see it.

Staff protected patients' care records and stored these 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 could be made available for patients who did not speak or understand English. We saw notices in the reception areas informing patients that these services were available.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Staff helped patients and their carers find further information if required. They helped them ask questions about their care and 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. An orthodontist 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 the range of treatments available at the practice.

The orthodontists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, 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 patients with a learning difficulty.

All 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.

46 cards were completed, giving a patient response rate of 92%

46 or 100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and professionalism of staff, the consistently high-quality treatment, and the positive outcomes of longer courses of treatment.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and access to a hearing loop if required.

Staff were aware of described an example of those patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the orthodontists could see them as soon as possible after they arrived.

### Timely access to services

Patients were referred to the practice via a central hub, which managed all referrals for NHS orthodontic practices within the clinical commissioning group. There was a

waiting list for orthodontic appointments and staff worked hard to ensure that all available slots were booked, which assisted in constant upward movement of patients on centrally held waiting lists.

The practice displayed its opening hours in the premises and included it in their information leaflet.

All patients who provided feedback commented that 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.

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. For example, if their appliance (braces) broke or needed urgent adjustment.

### Listening and learning from concerns and complaints

Staff told us the principal orthodontist took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The principal orthodontist had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal orthodontist was responsible for dealing with these. Staff told us they would tell the principal orthodontist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal orthodontist 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 they had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

We particularly noted the very large number (hundreds) of positive letters of thanks the practice had received in the past two years. When we reviewed a sample of these, we saw that patients consistently commented that the orthodontists were caring, approachable and happy to

# Are services responsive to people's needs?

(for example, to feedback?)

spend time discussing results patients could expect from treatment, and how they encouraged patients to follow guidance on care of their appliance and teeth in order to achieve the best results. Many patients commented on how their confidence and overall well-being had improved on

completion of treatment. We observed that all feedback was shared with the practice team and that this positive feedback fed and sustained the noticeable team spirit at the practice.

# Are services well-led?

## Our findings

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

### Leadership capacity and capability

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

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

As the clinical lead, the principal orthodontist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the principal orthodontist had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Staff planned the services to meet the needs of the practice population.

### 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 at an annual appraisals and within practice meetings. 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. This was evidenced in the management of workflow of referrals and in the feedback provided by patients.

We saw the principal orthodontist had systems in place to deal with any poor staff performance.

Openness, honesty and transparency were demonstrated when responding to any incidents or complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### Governance and management

Staff had clear responsibilities, roles and systems of accountability to support governance and management.

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There was 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

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The 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 and staff to support the service.

using patient surveys, thank-you cards and any verbal comments to obtain staff and patients' views about the service. 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. This included audits of patient record cards, radiography and infection control. 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. We discussed how audits in these areas

## Are services well-led?

could be further strengthened. We also highlighted how knowledge could be shared amongst staff in the practice, for example, in relation to sepsis awareness and how this could be utilised when triaging patients. We also discussed how the Legionella risk assessment for the practice should be reviewed to ensure this took into account all factors that present in a building of age, and any changes made to the water supply and heating system. We recognised how effectively staff worked together, having all been at the practice for a number of years but also observed that some staff may benefit from refresher training to ensure their knowledge remains current.

The principal orthodontist and all staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. All feedback provided following our inspection was received positively and the principal orthodontist confirmed their actions to address any points raised, in the days following our inspection.

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