Dr. Antony Hare

Regent Road Orthodontic Practice

Inspection Report

6 Regent Street
LowestoftSuffolkNR32 1PA
Tel: 01502589555
Website:

Date of inspection visit: 16 July 2019
Date of publication: 13/08/2019

Overall summary

We carried out this announced inspection on 16 July 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 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 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 Road Orthodontic Practice is a well-established practice that provides mostly NHS treatment to patients. The dental team includes two specialist orthodontists, an orthodontic therapist, four dental nurses and a practice manager. There are two treatment rooms and the practice opens on Monday to Friday from 9 am to 5 pm.

The practice is owned by an individual who is the principal orthodontist there. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

On the day of inspection, we received feedback from 41 patients. We spoke with the principal orthodontist, the practice manager and two dental nurses.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice was clean and well maintained.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, managing fire and legionella risk, and controlling infection.
- Patients' needs were assessed, and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE), the British Orthodontic Society and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- The provider asked staff and patients for feedback about the services they provided.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review staff awareness of Gillick competency and the Mental Capacity Act and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's protocols to ensure audits of dental care records, and infection prevention and control are undertaken at regular intervals to highlight improvements that may be needed.

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.

No action

Are services effective?
We found that this practice was providing effective care in accordance with the relevant regulations.

No action

Are services caring?
We found that this practice was providing a caring service in accordance with the relevant regulations.

No action

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

No action

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

No action

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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 had received relevant training in safeguarding matters. We noted easy read guidance to reporting safeguarding concerns in the waiting room, making it easily accessible to patients.

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

All clinical staff had Disclosure and Barring Service checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure. We spoke with a member of staff who told us their recruitment had been thorough and they had received a comprehensive induction to their new role. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including portable electrical appliances.

A fire risk assessment of the premises had been completed, but this was held by NHS property services who owned the building. The practice manager had undertaken their own assessment in addition to this. Timed fire evacuations were undertaken every six months, which included patients, so that staff knew what to do in the event of an emergency. We noted the practice did not have any signage on external doors to inform emergency services that oxygen was stored on site.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. The practice manager and two nurses had been trained to take X-rays and audits of their quality were undertaken on a continuous basis. Rectangular collimation was used on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. However, we noted that some of the recommendations in the premises assessment had not been implemented.

A sharps risk assessment had been undertaken by the practice but was limited in scope as it did not cover all the different types of sharps used in the practice. Sharps bins were sited safely but staff were not aware that boxes had to be removed after a period of three months, even if not full.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This had become slightly overdue for staff, but training had been booked for 26 July 2019. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that oxygen cylinder and defibrillator checks were only completed monthly, and not weekly as recommended in national guidance. We discussed this with the practice manager who assured us this would be checked weekly going forwards.

All areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked treatment rooms and surfaces including walls, floors and cupboard

Are services safe?

doors were free from dust and visible dirt. We noted some chipped and exposed cabinetry in one surgery and small rips in two chairs. The practice manager was aware of these and plans were in place to address the damage.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Some staff wore their uniforms to work and we noted that the orthodontist wore his own trousers for both work and home, which was not in line with nationally recommended guidance.

The practice had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05), although we noted it referenced some out of date procedures and regulations. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits, although not as frequently as recommended.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Records of water testing and dental unit water line management were in place.

The practice used an appropriate contractor to remove dental waste from the premises each week. External clinical waste bins were secured appropriately.

We noted a CCTV camera operated in the main entrance to the practice but there was no signage in place to inform patients of its use or polices available about how any footage would be used.

Safe and appropriate use of medicines

Staff were aware of current guidance with regards to prescribing medicines. We noted that Glucagon was kept out of the fridge, but its expiry date had not been reduced to accommodate for this.

NHS prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify their theft or loss

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff meeting minutes we viewed showed that any untoward events, such as low stock levels and equipment failure were discussed. Following one incident a new system of completing dental models had been introduced. However, we noted several incidents recorded in the practice's accident book including injuries sustained by staff and patients. There was no evidence to demonstrate that these incidents had been investigated, and any learning shared to prevent their recurrence.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the senior dental nurse who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 39 comments cards that had been completed by patients prior to our inspection and spoke with another two during our visit. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient told us, 'My daughter has a rare problem with her teeth and it has been handled with great care and expertise'. Another commented, 'On time, polite and incredible improvement in both my children's teeth.'

The orthodontists carried out assessments in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which was be used to determine if the patient was eligible for treatment through the NHS. Patients' oral hygiene was also assessed to determine if the they were was suitable for orthodontic treatment. We saw that staff delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Every patient received a PAR (peer assessment review) score to review the standard of orthodontic care they received. Information we viewed from NHS Dental Services, showed that the practice scored better than local and national averages in relation to several key quality metrics.

Helping patients to live healthier lives

The practice had a small selection of dental products for sale and free samples of high fluoride toothpaste were available. At the time of our inspection two staff were undertaking an oral health educator course, and staff had provided oral health training to young people who were part of a local charity.

Consent to care and treatment

Patients confirmed their orthodontist listened to them and gave them clear information about their treatment. One patient commented, 'Mr Hare is a lovely dentist. He thoroughly explains everything. Another stated, 'I have always felt comfortable and informed about my treatment'.

The practice offered an informative leaflet about orthodontic treatment, its benefits and potential problems to help patients decide if it was for them before agreeing to any treatment.

The practice had a very basic policy in relation to patient consent which did not include any guidance about the Mental Capacity Act, Gillick competence or parental responsibility. We found staff had a limited understanding of these.

Effective staffing

The orthodontists were supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays and sickness. Additional staff were available from the provider's other practice in Norwich if needed.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at annual appraisals and we saw evidence of some completed appraisals.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as welcoming and supportive. One patient told us 'Staff are lovely and always friendly and welcoming'. Another commented, 'the staff are all incredibly caring. Over the past year they've been patient and so kind during my appointments'.

One dental nurse described to us the additional measures they had implemented to assist an autistic child access their appointment. A number of staff had undertaken training to help them better understand the needs of patients with mental health concerns. Staff had also taken part in a sponsored sleep out in aid of a local homelessness charity.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other patients might see it and patients' notes were held in lockable filing cabinets. Staff told us that answer phone messages were always played when the waiting room was empty. Computer screens were not overlooked, and radio music was played to distract patients from conversations at the reception desk.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. However, access to the reception area was through one treatment room, which meant staff often had to walk through the treatment room when patients were present to access it.

Involving people in decisions about care and treatment

The practice 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. Many patients told us the orthodontists answered all their questions well and explained things clearly. All patients were given detailed plans, outlining their proposed treatment.

The orthodontist told us he always asked questions to check patients' understanding of their treatment. Different orthodontic models and information leaflets were available for each type of appliance to demonstrate their use patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The waiting areas provided good facilities for patients including magazines to keep them occupied, children's toys and free samples of toothpaste.

The practice was sited on two upper floors and could only be accessed by stairs. Therefore, it was not easily accessible to wheelchair users, although staff told us they sometimes 'borrowed' a downstairs treatment room of another NHS clinic on the same site if needed. The practice did not have an accessible toilet and did not provide an induction hearing loop. There was access to translation services if required and the principal orthodontist spoke Portuguese.

Timely access to services

Patients told us they were satisfied with the appointment system and said that getting through on the phone was easy. Two parents told us that they would value appointments out of school hours so that their children did not have to miss classes.

Waiting time for treatment for new patients was about six to eight weeks.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area and in the patient information leaflet. Reception staff spoke knowledgeably about how they would deal with a patient's concerns

It was not possible for us to assess how the practice managed patients' complaints as none had been received in the previous few years to our inspection.

Are services well-led?

Our findings

Leadership capacity and capability

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. He was supported by a practice manager who took on a number of administrative and managerial tasks. The practice manager held a Diploma in Management. Staff described both the principal orthodontist and practice manager as approachable and helpful. One dental nurse stated that they had 'a good boss and lovely colleagues'.

The practice had some processes to develop leadership capacity and skills, and one staff member had been appointed as a senior dental nurse, with additional responsibilities.

Culture

This was a very well-established practice, with staff who had been involved for many years. Staff told us they enjoyed their work and felt valued and supported. Badges were worn by staff to recognise the contribution of long-standing employees.

Social events were held to help team building and staff told us they had spent a week-end at Centre Parcs and participated in treasure hunts and zip wiring with staff at the provider's other practice.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around a practice meeting which staff told us they found useful. There was also a white board in the staff area that was used to convey key messages to staff. Staff told us that they were given any new policies to read by the practice manager.

The practice had expert membership of the British Dental Association.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

Treatment feedback forms were given to all patients after their first appointment and again once their treatment had been completed. We viewed 30 completed forms for June 2019 and which indicted patients had been very satisfied with their treatment. There was also a suggestion box on the reception desk.

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 principal orthodontist paid for staff to join an on-line training provider to support their continuous professional development and subscribe to dental nursing magazine. At the time of our inspection, two dental nurses were also undertaking an oral health educators' course. The principal orthodontist attended a local orthodontic practitioners' group where they reviewed each other's work and discussed complex cases.

All staff received annual appraisals, which they told us were useful. However, the practice manager had never received one, so it was not clear how their performance was assessed.