Wells Orthodontics Limited

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Inspection report

11 Priory Road
Wells
Somerset
BA5 1SU
Tel: 01749675825
www.wellsmile.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 24 July 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The orthodontic clinic appeared clean and well-maintained.
- Improvements were needed to cleaning procedures to ensure they reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were available, but improvement was needed to checking protocols.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- Improvements were needed to the systems used to manage risks for patients, staff, equipment and the premises.
- The appointment system worked efficiently to respond to patients' needs.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had quality assurance processes to encourage learning, but these were not operated effectively.

Background

Wells Orthodontics Limited is in Wells and provides NHS and private orthodontic dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The practice has made reasonable adjustments to support patients with access requirements:.

The practice team includes 1 orthodontist specialist, 2 orthodontic practitioners, 2 orthodontic therapists, 8 dental nurses, 1 treatment coordinator, 1 receptionist, 1 assistant practice manager and a practice manager..

The practice has 5 orthodontic treatment rooms.

During the inspection we spoke with 1 orthodontist, 2 dental nurses, 1 receptionist, 1 treatment coordinator and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- 9:00am - 5:30pm Monday and Wednesday
- 9:00am - 6:30pm Tuesday and Thursday
- 9:00am - 4:30pm Friday

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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?	**Requirements notice** ✗

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, premises, and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

A legionella risk assessment was carried out in line with the legal requirements. However, evidence was unavailable to confirm the resulting actions from the risk assessment had been carried out. We have since received evidence to confirm this shortfall is being addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, but improvements were needed.

- A clinical waste bin at the rear of the practice was not tethered to a fixed point to prevent unauthorised removal. We have since received evidence to confirm this shortfall has been addressed.

The practice appeared clean. However, there was not an effective cleaning process in place to ensure the practice was kept clean. Specifically:

- Cleaning checks were informal and not recorded.
- Cleaning equipment storage did not follow national guidance.

We have since received evidence to confirm these shortfalls have been addressed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

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.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety at the practice was not effective. In particular:

- Evidence was unavailable to confirm the resulting actions from the risk assessment had been carried out.
- Emergency lights were not tested appropriately at monthly intervals.
- Annual emergency light servicing evidence was not available.
- Fire drills did not indicate evacuation times and staff involved. The following thig s
- Air conditioning units servicing was overdue.

We have since received evidence to confirm these shortfalls have been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment, but improvements were needed. In particular:

Are services safe?

- The 3-yearly performance check for the dental panoramic tomography (DPT) machine was not available. We have since received evidence to confirm this shortfall has been addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available in accordance with national guidance. However, improvements were needed to frequency they were checked. In particular:

- Emergency medicines were checked monthly not weekly as recommended by Resuscitation Council UK. We have been advised this shortfall has been addressed and checks are carried out weekly.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice's management of the control of substances that are hazardous to health (COSHH) required improvement. In particular:

• COSHH storage areas were not signed appropriately.

• COSHH risk assessments were not available for all COSHH applicable substances.

We have since received evidence to confirm these shortfalls have been addressed.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

We observed that the accident book did not comply with General Data Protection Regulations (GDPR). We have since received evidence to confirm this shortfall has been addressed.

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.

Orthodontics

Orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. We looked at 11 staff training files. Evidence presented to us confirmed that:

- One out of 11 staff had not carried out safeguarding children and vulnerable adults training.
- Three out of 11 staff had not carried out infection prevention and control training.

We have since received evidence to confirm this shortfall has been addressed.

Newly appointed staff had a structured induction and clinical staff completed 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.

The practice was a referral clinic for orthodontics. We saw that referrals were monitored to ensure that clinical staff were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 2 patients who said staff were compassionate and understanding when they were in pain or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant protocols were not effective. In particular:

- A privacy impact assessment was not available. We have since received evidence to confirm this shortfall has been addressed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The clinical staff explained the methods they used to help patients understand their treatment options. These included for example photographs, study models and X-ray images.

Are services responsive to people's needs?

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, for patients with access requirements which included, a stairlift. wheelchair accessible toilet, hearing and vision aids.

The practice has made reasonable adjustments to support patients with access requirements. These included a hearing loop, wheelchair accessible toilet, vision aids and step free access (via a stairlift).

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

We reviewed the wheelchair accessible toilet and found that the sanitary waste unit was foot operated. We have since received evidence to confirm this shortfall has been addressed.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs.

Patients who needed an urgent appointment were offered one in a timely manner.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately.

Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

We saw the practice had processes to support and develop staff with additional roles and responsibilities, but this appeared to be hindered by current staff member shortages.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures but systems were not followed.

The management of radiography, fire safety, medical emergencies, COSHH, infection control legionella required improvement.

Appropriate and accurate information

The practice had information governance arrangements, but improvements were needed to CCTV protocols.

Engagement with patients and the public

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

Improvements were needed to ensure all staff supplied the practice with evidence to confirm they had carried out core training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: **Infection prevention and Control** • Cleaning checks were informal and not recorded. • Cleaning equipment storage did not follow national guidance. **Fire Safety** • Evidence was unavailable to confirm the resulting actions from the risk assessment had been carried out. • Emergency lights were not tested appropriately at monthly intervals. • Annual emergency light servicing evidence was not available. • Fire drills did not indicate evacuation times and staff involved. **Radiography** • Evidence of 3 yearly quality assurance (physics) tests were not available for the X-ray machine. **Emergency Medicines and Equipment** • Emergency medicines were checked monthly not weekly as recommended by Resuscitation Council UK. **Control of Substances Hazardous to Health (COSHH)** • COSHH storage areas were not signed appropriately. • COSHH risk assessments were not available for every COSHH applicable substance.

This section is primarily information for the provider

Requirement notices

- A clinical waste bin at the rear of the practice was not tethered to a fixed point to prevent unauthorised removal

Legionella safety

- Evidence was unavailable to confirm the resulting actions from the risk assessment had been carried out.

Data protection

- The accident book did not comply with General Data Protection Regulations (GDPR).
- A closed-circuit television (CCTV) privacy impact assessment had not been carried out.

Training

We looked at 11 staff training files. Evidence presented to us confirmed that:

- One out of 11 staff had not carried out safeguarding children and vulnerable adults training.
- Three out of 11 staff had not carried out infection prevention and control training.

Equality Act 2010

- The sanitary bin in the wheelchair accessible toilet was foot operated.