

Orthoworld 2000 Limited

Orthoworld 2000 Northampton

Inspection report

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Overall summary

We carried out this announced focused inspection on Orthoworld 2000 Northampton 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which generally reflected published guidance. Although staff were not always checking instruments under the illuminated magnifier when completing manual cleaning.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, evidence was not available to demonstrate that all staff had completed training to the required level in safeguarding children and vulnerable adults.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team. Staff praised the management and support provided by head office.
- Staff were asked for feedback about the services provided. Patient surveys were to be reintroduced in the near future.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 584 practices and this report is about Orthoworld 2000 Northampton.

Orthoworld 2000, Northampton is in Northampton and provides NHS and private orthodontic care and treatment for adults and children.

There are three small steps to gain access to the practice. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes one specialist orthodontist, one dentist, three dental nurses, one orthodontic therapist, a practice manager and a receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one dental nurse, a receptionist and the practice manager. A Compliance Regulatory Manager and the Orthodontic Development Manager from head office were also in attendance providing support as required. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8.45am to 6pm, Tuesday, Wednesday and Thursday from 8.45am to 5.30pm and Friday from 8.45am to 4.30pm.

The practice had taken steps to improve environmental sustainability. For example, the practice had a Green Policy for environmental sustainability which was on display in the staff kitchen. The practice encouraged staff to recycle items and tried to limit the use of paper records as much as possible.

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Summary of findings

- Take action to ensure audits of radiography and patient records are undertaken at regular intervals for each clinician to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Evidence was not available to demonstrate that all staff had completed safeguarding vulnerable adults and children training. However, some staff had completed training at a higher level. Safeguarding discussions were held during practice meetings.

The practice had infection control procedures which reflected published guidance. Staff were not always using the washer disinfectant during the instrument decontamination process. Where manual cleaning was completed staff were not always checking instruments for debris under the illuminated magnifying glass. Staff were checking but not recording the temperature of the water used for manually scrubbing instruments. Following this inspection, we were sent a copy of a water temperature log to be used when manually scrubbing instruments.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Monthly hot and cold water temperatures were taken. The boiler temperature had been adjusted to meet hot water temperature requirements.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Support was provided by the head office facilities department.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. A receptionist, who had been trained as a fire marshal, was responsible for completing and recording regular fire safety checks. An external company completed regular servicing and maintenance of fire safety equipment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included a range of risk assessments including sharps safety, health and safety, manual handling, use of decontamination equipment and lone working. Sepsis posters were on display and sepsis was discussed during life support training. A range of health and safety policies were in place which were reviewed annually or more frequently if required.

Emergency equipment and medicines were available and checked in accordance with national guidance. Daily checks were completed to ensure medical emergency medicines were within their expiry date.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Quarterly medical emergency simulation training was also held during practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were available for each product in use. Separate information was available for cleaning products in use and this kept with cleaning products for ease of access.

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

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

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. Relevant information was discussed with staff.

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. Information was sent to dental practices from head office and cascaded to clinicians as required.

The Specialist orthodontist 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.

Staff understood their responsibilities under the Mental Capacity Act 2005. Information regarding the Mental Capacity Act was on display for staff and was available in policy documentation.

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 in line with recognised British Orthodontic Society guidance. Patients would be referred back to their General Dental Practice for any non-orthodontic issues identified.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. The most recent audit did not record the percentage of X-rays that were acceptable and the percentage that were not. The practice manager was aware of this and confirmed that action would be taken to address this. Radiography audits were not completed by each clinician who took X-rays.

Effective staffing

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

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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The practice kept a log of referrals, but this did not record the date received. Following this inspection, we were sent an updated referral log which recorded the required information.

Are services effective?

(for example, treatment is effective)

The practice was an orthodontic referral clinic and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

Staff stated they felt respected, supported and valued. Staff said that the team worked well together, they enjoyed and were proud to work in the practice.

Staff discussed their training needs during annual appraisals and one to one meetings. 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. A training package was available on the company website and staff had access to this free training.

Governance and management

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice 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 had previously gathered feedback from patients, the public and external partners but this had paused due to Covid 19. Patient surveys and the Friends and Family Test were due to be reintroduced at the practice shortly.

The practice gathered feedback from staff through meetings, and informal discussions. An annual staff survey was sent to staff from head office for completion by all staff. The results were discussed with staff. 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 practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs, environmental cleaning and infection prevention and control.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements. Audits had not been completed by each clinician at the practice, for example there was no radiograph or record keeping audit for the orthodontic therapist.

The practice was not completing Peer Assessment Rating Scoring (PAR) to audit orthodontic treatment success. We were told that this was being introduced at the practice.