

The Orthodontic Centre (Reading) Ltd

The Orthodontic Centre (Wokingham)

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 5 October 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 dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Improvements were needed to ensure medicines and equipment were available.

Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to staff recruitment procedures to ensure they reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the orthodontist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff told us that leaders were approachable, they felt involved, valued and respected and the service was a good place to work.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider is part of a group The Orthodontic Centre Reading Limited and has 5 practices and this report is about The Orthodontic Centre (Wokingham)

The practice is in Wokingham, Berkshire 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 dental team includes 2 specialist orthodontist, 2 dentist with specialist interest, 2 orthodontic therapists, 5 dental nurses, 4 reception staff, 1 practice manager, 2 treatment coordinators and 2 administrators. The practice has 3 treatment areas.

During the inspection we spoke with 1 orthodontist, 1 orthodontic therapist, 2 dental nurses, a receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 08:00 – 16:30
- Tuesday 10:00 – 19:00
- Wednesday 08:15 – 17:30
- Thursday 10:00 – 19:00
- Friday 07:45 – 16:15
- Saturday by appointment

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

Summary of findings

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

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. In particular, ensure that checks of the items are dated, identify that the correct preparation of all medicines are available and ensure out of date items are removed from the stock.

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 and 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; however improvements were needed. In particular, the practice's infection prevention and control audit had not been carried out at least 6 monthly as per the Health Technical Memorandum 01-05 (HTM01-5) and audits seen had not been completed accurately. For example, questions that would be expected to have a 'no' response had a 'yes'.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These did not reflect the relevant legislation. We looked at 5 staff recruitment records and evidence presented to us found a Disclosure and Barring Service check (DBS) was not available for 4 staff and risk assessments were not available for the staff who were not DBS checked. Evidence of DBS checks for the 4 staff was subsequently sent to us following the inspection.

A second reference was not obtained for 3 of the 5 staff members reviewed, in line with the practices recruitment policy and there were no references obtained for 1 member of staff.

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. However, evidence of the effectiveness of the vaccination was not available for 1 clinical staff member.

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.

The management of fire safety was not effective. In particular, the fire safety risk assessment carried out 28 March 2019 did not identify the risks associated with an occupied premises, such as hazardous materials within the practice. Risks had also not been identified or mitigated in annual reviews of the fire safety risk assessment. At the time of inspection, the weekly fire alarm tests and monthly emergency lighting tests were not dated. Fire drills were carried out, but records of staff present, and the evacuation time was not recorded. Following the inspection evidence was provided of improvements to the testing and recording processes.

The practice had arrangements to ensure the safety of the X-ray equipment and 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 sharps safety, sepsis awareness and lone working.

Are services safe?

Emergency equipment and most medicines were available but not checked in accordance with national guidance. We saw that the Aspirin was not dispersible, the out-of-date oropharyngeal masks had not been removed from the stock and the checks of the equipment and medicines was not dated on the weekly checklists. The information held in the accident book was not kept securely, we saw that patient's personal information was not removed from the accident book.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

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.

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

The specialist 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 patients living with dementia or 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 6-monthly following current guidance.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. Evidence presented to us confirmed that 6 out of 20 staff had not completed learning disability and autism training, and 1 member of the clinical staff has not completed infection prevention and control training since 2019. Following the inspection, evidence was sent for the completion of infection prevention and control training for 1 staff member.

Newly appointed staff did not have a structured induction to prepare them for their role. Following the inspection improvements have been made to the induction programme. 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 was a referral clinic for dental orthodontics, and we saw staff monitored and ensured the dentists 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality, but improvements were needed. In particular computers were seen left unlocked and unattended.

The practice had installed closed-circuit television to improve security for patients and staff. However, relevant policies and protocols were not in place. At the time of inspection there was no signage or privacy notices displayed and a Data Protection Impact Assessment (DPIA) had not been completed. Following the inspection improvements were made to the signage and a DPIA had been completed, however the DPIA does not identify the risks to individuals' data protection through the use of closed-circuit television.

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

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The orthodontist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

We saw quick response (QR) codes displayed in the waiting area which, when scanned provided information to patients and their carers about, good oral hygiene, fixed appliances, interproximal reduction, retainers, the risks of orthodontic treatment, functional appliances, orthodontic treatment, orthognathic treatment, adult orthodontics, your first visit, dummy and thumb sucking habits.

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, including step free access, wheelchair accessible treatment rooms, a wheelchair accessible toilet and vision aids. We were told a hearing loop was available however, it was not in use at the time of our visit.

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

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 had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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.

Culture

We obtained the views of the 6 staff working on the day of our visit. Most members of staff told us that the leaders were approachable, they felt involved, valued and respected and the service was a good place to work. However, 1 felt they were not informed about change in practice protocols soon enough and 1 felt that more support was needed but was confident that concerns would be listened to and addressed.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of fire safety, infection control, recruitment, training and risks to patients and staff required improvement.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and audited survey results, however this information was not used to make improvements to the service.

Feedback from staff was obtained through meetings, surveys, 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. However, agendas for meetings were available but there was no record of the minutes and actions to be taken from the meetings and staff told us these were not shared with the team.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and 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.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• Infection Prevention and Control audits were not completed accurately or 6 monthly in line with national guidance.• The practice's accident book held information which was not kept securely.• The fire safety risk assessment did not identify or mitigate the current risks within the premises.• Fire safety tests for the fire alarm and emergency lighting were not dated and fire drills were not recorded correctly.• Disclosure and Barring Service Checks (DBS) were not available for 4 members of staff.• The practice's recruitment policy was not being followed with regards to obtaining satisfactory evidence of conduct in previous employment.• 6 out of 20 staff had not completed learning disability and autism training, and 1 member of the clinical staff has not completed infection prevention and control training since 2019.

This section is primarily information for the provider

Requirement notices

- Relevant policies and protocols, such as a Data Protection Impact Assessment were not in place for the use of Closed-Circuit Television.

Patient feedback was collected and audited but not used to make improvements to the service.