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# The Orthodontic Practice & Consulting Rooms

## Inspection Report

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### Overall summary

We carried out this announced inspection on 23 May 2017 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 advisor and a newly recruited specialist dental advisor who was shadowing the inspection.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 and Consulting Rooms is situated in a four storey Regency town house set in the heart of Cheltenham. The practice has its own car park and there is free parking on several adjacent side roads.

# Summary of findings

There is a bus stop directly outside the practice. The practice provides mainly NHS orthodontic treatment to patients of all ages. A small number of private treatments are also provided.

There is level access for people who use wheelchairs and pushchairs from the pavement into the ground floor reception area and waiting room. All facilities in the building are accessible for people with a disability.

The dental team includes two orthodontists, two trained dental nurses and one trainee dental nurse who also undertook receptionist duties, a secretary and one receptionist. The practice has three treatment rooms.

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 50 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with orthodontists, the two dental nurses, the secretary and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Wednesday 8.30am - 5.00pm; Tuesday and Thursday 8.30am – 4.00pm. The practice is closed on Friday and at weekends. There were arrangements in place for access to emergency treatment if required.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures which did not fully reflect the regulatory requirements.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Patients had their treatment peer assessed and rated using the orthodontic peer assessment rating (PAR) index.

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

- Review the practice infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the suitability of the equipment and the premises used for providing care or treatment to a patient and ensure they were safe for such use and used in a safe way.
- Review the practice audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice had a very stable staff team and no recruitment had been undertaken for some years. The practice recruitment policy required review to reflect implementation of all essential recruitment checks.

Premises and equipment were clean and properly maintained although some improvements were required to ensure X-ray equipment cables were fit for use. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### **Are services effective?**

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

The practice specialised in orthodontic treatment for straightening teeth. Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and patient consent taken. The practice kept detailed dental records of oral health assessments; treatment carried out and they monitored outcomes of treatment.

The treatment provided for patients was effective, evidence based and focussed on the needs of the individual. National Institute for Health and Care Excellence (NICE), British Orthodontic Society's guidance, Department of Health, national best practice and clinical guidelines were considered in the delivery of orthodontic care and treatment for patients.

Patients had their treatment peer assessed and rated using the orthodontic peer assessment rating (PAR) index. All orthodontists were trained in using the PAR index.. This practice quality assured all their patients treatment using the PAR index

The staff were appropriately trained in delivering the specialised services they provided. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 53 people. Patients were positive about all aspects of the service the practice provided. They told us staff were fantastic, informative and approachable. They said they were given excellent advice and had never been hurried and said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain due to broken fixtures.

Staff considered patients' different needs. This included providing facilities for families with children and level access to the practice. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn although the frequency of monitoring should be reviewed. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted upon and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

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. We saw evidence staff had received safeguarding training and regularly attended the local authority safeguarding group for healthcare practitioners, to keep up to date with local information and share experiences.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in 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. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This did not reflect the relevant legislation. In discussion with the principal orthodontist we heard the practice had not recruited staff for a significant number of years as there was a very stable staff team.

We looked at three staff recruitment files and these showed the practice had followed their recruitment procedure. We saw in these files references had not been taken up when recruited some years ago and in line with current requirements. In discussion with the principal orthodontist they told us they would take immediate action to review their recruitment policy to ensure it and their recruitment practices reflected the relevant legislation.

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

### Monitoring health & safety and responding to risks

The practice health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse always worked with the orthodontists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

# Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audit periodically but was not aware HTM01-05 guidance stated it should be completed every six months. The lead nurse for infection control told us they would take immediate action to implement six monthly audits in line with national guidance. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We saw the most recent risk assessment was past its review date and were given evidence the practice had booked a new risk assessment to be undertaken in June 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

### **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice had an OPG room with intraoral X-rays. Local rules were seen displayed. We observed some of the x ray cables were perished and bare wires were showing as well as one of the X ray machines was missing a side cover to encase cables. We discussed these fabric issues with the principal orthodontist who told us they would review these items and take action to address them.

We saw evidence the orthodontists justified, graded and reported upon the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept mostly detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. In records reviewed with the orthodontists to corroborate evidence given in discussions we saw there were some gaps in record keeping as outlined in national guidance; for example soft tissue results and basic periodontal examination had not always been recorded.

The orthodontists assessed patients' treatment needs in line with recognised guidance. The British Orthodontic Society's (BOS) guidelines were used routinely in care and treatment of their patients.

Clinical assessment of children involved using the Index of Treatment Need (IOTN). The IOTN is used to assess the need and eligibility of children under 18 years of age for NHS orthodontic treatment on dental health grounds..

The orthodontists and dental nurses at the practice were all trained in this specialty.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Different types of braces were used to straighten teeth and details of the treatment provided were documented.

The staff we spoke with and evidence we reviewed confirmed care and treatment was aimed at ensuring each patient was given support to achieve the best outcomes for them. We found from our discussions staff completed assessments and treatment plans in line with The National Institute for Health and Care Excellence (NICE) and national BOS guidelines.

We saw the practice occasionally audited patients' dental care records to check the orthodontists recorded the necessary information. The results of the last audit, more than 12 months ago had not been analysed and an action plan implemented to address the shortfalls. The principal orthodontist told us they would take immediate action to address these areas and implement an annual record keeping audit with analysis and action plan.

The practice undertook quality monitoring audits periodically. These included radiographs, treatment

planning, medical history taking and record keeping. Patients had their treatment peer assessed and rated using the peer assessment rating (PAR) index. Both orthodontists were trained in the use of the PAR index and PAR score all their cases.

This practice quality assured their patients' treatment using the PAR index in line with NHS contractual requirements.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Adults and children attending the practice were educated in oral health and how to maintain good oral hygiene during the course of their treatment. Tooth brushing techniques were explained to them in a way they understood.

Where applicable smoking and alcohol advice for adults was also given to them. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at their annual appraisal. We saw evidence of completed appraisals.

### Working with other services

The principal orthodontist explained how they worked with other services. As a specialist treatment centre they took referrals for treatment from across the area. They were also able to refer to other services as needed and liaised with the patient's general dental practitioner regarding their care and treatment.

The orthodontists were also involved in the local orthodontic peer review group where good practice and ideas within the speciality were shared.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The

# Are services effective?

(for example, treatment is effective)

orthodontists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who

may not be able to make informed decisions. The policy also referred to Gillick competence and the orthodontists and dental nurses 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.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were fantastic, efficient and caring. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the treatment rooms and there were magazines in the waiting rooms. The practice provided drinking water.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice website provided patients with information about the range of treatments available at the practice. These included all forms of orthodontic treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment were seen the same day. Patients told us 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.

Staff told us they currently had a few patients, such as a very anxious patient and someone who needed additional time to process information, for whom they needed to make adjustments to enable them to receive treatment. .

Staff described an example of a patient who found it very worrying not to know exactly what would be happening and when. They took additional time to prepare the patient and the team ensured everything ran to plan at the time of the appointment.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access into the practice and treatment rooms. They had an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing dental pain on the same day and kept some appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

### Concerns & complaints

The practice had a complaint 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 told us they 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 the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These records showed there had been no formal complaints and the practice had responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

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

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 although they were not robust as no action plans had been developed from the monitoring results. The principal dentist told us they would implement a system to ensure action plans were developed and reviewed to address any shortfalls or improvements that were identified.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Leadership, openness and transparency**

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal orthodontist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal orthodontist was approachable, would listen to their concerns and act appropriately. Concerns were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings every three months where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control; however they were not always completed in line with national guidance for example the infection control audit had not been completed six monthly. They had clear records of the results of these audits but no resulting action plans and recorded improvements made to evidence issues identified had been addressed. The principal orthodontist told us they would take immediate action to rectify this lack of evidence and implement a system.

The principal orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals and the orthodontists engaged in regular PAR and peer review meetings. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw all comments reflected patients were happy with all aspects of the practice.