

Pallant Orthodontics

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19th May 2015 at Pallant Orthodontics. The practice offered orthodontic services, used to improve the appearance, position and function of crooked or abnormally arranged teeth. The practice treated mainly children and young adults and was situated in the centre of Chichester.

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

We found the practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- There were comprehensive policies and procedures at the practice.
- The practice had the equipment and medicines they would need in the event of an emergency and staff had appropriate training. However, the practice did not check and record emergency drugs on a weekly basis to ensure their validity. They did not check and record the battery status of the Automated External Defibrillator (AED) on a regular basis.
- The practice took into account patient feedback, comments and complaints and learned from these to improve the service.
- The practice was visibly clean and well maintained.
- Patients were highly satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff received regular appraisals and felt well supported by their peers and managers.
- The practice had a robust recruitment and induction process in place.

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 the practice was safe in accordance with the relevant regulations. There were effective systems in place in the areas of infection control, clinical waste control, management of medical emergencies in the dental chair and dental radiography. We also found that all the equipment used in the dental practice was well maintained and in line with current guidelines. There were effective systems in place around safeguarding children and vulnerable adults. Staff were recruited and inducted appropriately. The monitoring of health and safety and the response to risks was effective.

Are services effective?

We found that the practice was effective in accordance with the relevant regulations. Services were effective, evidence based and focused on the needs of the patients. There were systems in place for the monitoring and improving of outcomes for patients. Health promotion and illness prevention methods used were relevant and effective. Staff training was relevant to the care needs of patients using the service. There were effective systems in place for the management of patients' consent to care and treatment.

Are services caring?

We found that the practice was caring in accordance with the relevant regulations. There were systems in place to ensure patients were involved in decisions about care and treatment. Patients were treated with respect, dignity, compassion and empathy. Patient feedback received via CQC comment cards was positive.

Are services responsive to people's needs?

We found that the practice was responsive in accordance with the relevant regulations. There were systems in place to respond to patients' needs, such as a patient presenting in pain. The practice was accessible to patients with mobility problems and undertook regular risk assessments to ensure compliance with the law.

Are services well-led?

We found that the practice was well-led in accordance with the relevant regulations. There was visible and effective leadership. There were relevant and regular audits conducted to identify areas for improvement, which were acted upon. There was a culture of openness and transparency. Feedback from patients, the public and staff was sought and acted upon.

Pallant Orthodontics

Detailed findings

Background to this inspection

The inspection was undertaken on 19th May 2015 and was conducted by a CQC inspector and a Specialist Dental Advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members and their qualifications and proof of registration with their professional bodies.

We informed NHS Area Team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with the registered manager, the business manager, two dentists and three other staff members. We reviewed policies, protocols, procedures and other relevant documentation.

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Prior to the inspection, we invited patients to tell us about their experiences at the practice through the use of comment cards. We received 40 cards which we examined on the day of inspection. We found a very high degree of patient satisfaction with the service. Patients told us they were treated with dignity and respect, were listened to and their needs were met with the right treatment at the right time. There were no concerns about safety or cleanliness.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

We spoke with staff who demonstrated a good understanding of the management of incidents, such as needlestick injuries. There had been no recent incidents of this nature.

The practice recorded incidents that occurred, actions taken and their outcomes. These were discussed at practice meetings, along with any recent relevant changes to regulations.

Staff we spoke with were aware of their duty to be open and honest with patients if incidents occurred affecting safety and welfare. We were told future training on 'duty of candour' had been organised by the provider.

Reliable safety systems and processes (including safeguarding)

Staff members were all able to identify the correct safeguarding procedures should they suspect abuse or if patients disclosed information of concern to them. They were aware that a referral to an agency, such as the local Adult or Children's Services Safeguarding Team should be made in line with the practice's child and adult safeguarding policies. Staff had undertaken training in safeguarding and were knowledgeable about safeguarding policies. The practice also maintained a log of safeguarding incidents and concerns. We looked at this and saw there had been no recent safeguarding concerns.

Staff told us there was an open and honest culture in the practice and they felt able to share any concerns they may have in confidence. Staff told us that they thought all staff had a responsibility to share concerns depending on the situation and they would let their manager know if they thought someone was at risk.

Medical emergencies

There was a range of suitable equipment which included an automated external defibrillator (AED), oxygen, oxygen masks, a range of airways and other pieces of equipment available for dealing with medical emergencies. An AED is a portable electronic device that analyses life-threatening irregularities of the heart and is able to deliver an electric shock in order to restore a normal heart rhythm. There was no checklist to monitor the battery life of the AED. We were

told this was done regularly and the AED was fit for use. There was also a range of emergency medicines available for dealing with medical emergencies. The equipment and medicines were in line with British National Formulary (BNF) guidelines.

The emergency medicines were stored securely, with emergency oxygen in a central location known to all staff. The oxygen was regularly checked by a nominated staff member to ensure it was in working order. The AED was accessible to all in the event of a medical emergency. A check list monitoring the expiry dates of the emergency medicines was not present. We were told this was done regularly and when checked no drugs had passed their expiry date.

Staff recruitment

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for all staff members. We noted staff had undergone procedures required by the practice, including Disclosure and Barring Service (DBS) checks before being allowed to work with patients. There were also copies of blood borne virus risk assessments, staff references, staff contracts and job descriptions in staff files. The practice also had systems in place to ensure staff maintained registration with the appropriate professional bodies. We noted, on commencing employment, all staff underwent a formal induction period and a three month probationary period. The records showed this process was structured around allowing staff to familiarise themselves with the practice's policies, protocols and working practices. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. One staff member told us, "I haven't been here long but I feel confident in what I do and I can ask anyone".

Monitoring health & safety and responding to risks

The practice undertook a variety of risk assessments to ensure the safety and welfare of patients who used the service. These were in areas such as lone working, stress, radiation risk and ventilation. The results of these were discussed at team meetings and action taken where necessary. The provider also undertook regular fire risk assessments. Records viewed reflected the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each substance

Are services safe?

used by the practice that posed a potential risk was recorded and graded. We examined the provider's health and safety policies. The staff we spoke with were aware of these and acted accordingly.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. We observed staff and spoke with them. The practice undertook regular audits of clinical environment cleaning to ensure that patients were protected from the risks of infection. The latest audit showed that the practice had achieved a very high overall compliance rate in line with the Department of Health's Decontamination Health Technical Memorandum 01-05 (HTM 01-05). This specifies decontamination requirements for primary dental care. We saw the practice had devised and was working through an action plan in order to achieve best practice status.

We noted that treatment rooms, the decontamination room, the waiting area, reception and toilet were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet, hand washing protocols were also displayed in each of these areas. We spoke with the staff member responsible for the day to day infection control systems and processes within the practice. The environment cleaning was undertaken by an external contractor whose duties were detailed in a dedicated cleaning schedule.

The staff member explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of legionella bacteria which included frequent flushing of the water lines. Legionella is a term for a particular bacterium which can contaminate water supplies in buildings. A legionella risk assessment had been carried out by an appropriate contractor. The latest report stated no risks had been identified. These measures ensured that patients' and staff were protected from the risk of infection due to legionella.

Staff demonstrated to us the decontamination process from taking dirty instruments through to the point they

were ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a defined system of zoning from dirty through to clean.

When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The staff member also demonstrated to us systems were in place to ensure that the washer disinfectors and sterilisers used in the decontamination process were working effectively. We examined the data sheets used to record the essential daily validation checks of the sterilisation cycles. These were complete with no gaps in the record.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used a contractor to remove clinical waste from the practice which was stored separately prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We looked at staff records and noted staff immunisations were up to date, which protected patients and staff from the risk of exposure to relevant blood borne viruses (BBV), such as Hepatitis B. There were also protocols in place concerning the management of needlestick injuries.

Equipment and medicines

We examined documentation related to the maintenance and servicing of equipment in use at the practice. These were in line with the manufacturers' guidelines. We examined the maintenance schedules ensuring that the autoclaves were maintained to the standards set out in the Pressure Systems Safety Regulations(2000). The dental compressor was serviced regularly in line with current regulations. X-ray machines were the subject of regular, recorded visible checks. A specialist contractor calibrated and reviewed all X-ray equipment to ensure they were operating safely. A maintenance contract was in place for the replacement of the emergency oxygen ensuring that the contents and the metal oxygen cylinder did not deteriorate over time. All portable appliances were regularly checked and test certificates issued. There were a variety of medicines kept at the practice, for emergency and non-emergency use. We noted that these were safely stored and were regularly checked by a nominated staff member to ensure they were ready for use.

Are services safe?

Radiography (X-rays)

We were shown a radiation protection file which was completed in line with the Ionising Radiation Regulations (1999) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor (Public Health England), the Radiation Protection Supervisor and the necessary documentation related to the maintenance of the x-ray equipment. These included quality assurance test packs for

each x-ray set. We saw a copy of the most recent radiological audit. This showed 98% of radiographs were of an acceptable standard. The clinical records we saw showed dental x-rays were justified, reported on and quality assured on each occasion. This showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with General Dental Council (GDC) standards. Staff described to us how they carried out assessments. Patients were either referred to the practice by their own dentist for orthodontic treatment or referred themselves directly to the practice. A medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered was taken. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative information was given in order to improve the outcome for the patient. This included the discussion of the care of appliances such as braces. The patient notes were updated with the proposed treatment after discussing options. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

As review of a sample of five dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. These were carried out at each dental health assessment. The records we saw showed that dental X-rays were justified, reported on and quality assured every time.

Health promotion & prevention

Staff told us they adopted a collaborative approach when treating patients. A large proportion of those attending the practice were older children and young adults. We noted staff advised patients, and parents or guardians if necessary, about how to successfully manage dental care and devices.

The sample of five dental care records we examined all indicated staff had given appropriate advice to patients. Staff were aware of the Department of Health publication for delivering better oral health which is an evidence based toolkit to support practitioners in improving their patient's oral and general health.

Staffing

We looked at the practice's policies, staff training records, staff files and associated documentation. We also spoke with staff. The practice effectively used the skills and qualifications of staff employed. For example, extended duty dental nurses undertook x-rays and impression models. The provider also employed a business manager who assisted the manager in the day-to-day running of the practice. There were weekly staff meetings held. We looked at the minutes of these meetings and saw staff were given the opportunity to discuss professional issues relevant to them. Staff were able to access training in subjects relevant to the needs of the patients they were treating. These included areas such as equality and diversity and the Mental Capacity Act (2005). Staff we spoke with were satisfied with the training opportunities on offer. Our examination of staff records showed all relevant staff complied with current General Dental Council (GDC) requirements concerning continuing professional development.

The practice did not offer conscious sedation services or domiciliary visits.

Working with other services

The practice regularly received referrals from dental surgeries for patients who required orthodontic treatment. We noted the practice wrote to referring dentists after consultation and treatment, outlining the treatment undertaken and advice given to patients. From our examination of comment cards returned to us, we noted there were no complaints of miscommunication between the practice, patients and referring dentists.

Consent to care and treatment

Staff explained how they would manage consent issues with a patient who was unable to fully understand the implications of their treatment. We were told if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained staff would involve relatives, carers and health professionals to ensure that the best interests of the patient were served as part of the process in line with current legislation. We noted from staff records that staff had undertaken training in consent issues and the Mental Capacity Act (2005).

We looked at a recently completed patient satisfaction survey and at comment cards returned. We noted that all of patients asked were satisfied or highly satisfied in areas of

Are services effective?

(for example, treatment is effective)

treatment discussion and involvement in decision making. We saw that patients' written consent had been sought and obtained in a variety of areas. Each patient received written information, outlining proposed treatment, which was signed as read and agreed by the patient. We asked about matters of consent in relation to children registered at the practice. We were told children were accompanied by a parent or guardian, from whom written consent was always sought. One staff member said, "We always get parental

consent for children but we do involve older ones in the decision making process. They have to be on board or there's little point in the treatment". The staff we spoke with understood their responsibilities in relation to the care of people who did not have the capacity to consent to treatment. The documentation we looked at showed appropriate consent had been sought for treatment. This was done either face-to-face during a consultation or by letter sent from the practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The staff we spoke with were clear about their responsibilities in relation to ensuring people's dignity and privacy were maintained. Staff told us confidentiality was important and if someone wanted to say something in confidence, they would make sure they could.

During our visit to the practice, we observed staff treated people with compassion and empathy and made efforts to ensure patients were as relaxed as they could be. The patients we spoke with and the comment cards we examined confirmed this.

We looked at a recently completed patient satisfaction survey and returned comment cards. We noted that all of patients asked were satisfied or highly satisfied in areas concerning the maintenance of privacy, confidentiality and dignity.

There were rooms on the ground floor of the practice that could be used for private conversations. We noted there was no confidential information left in public areas, such as the reception desk or waiting rooms.

Involvement in decisions about care and treatment

Staff were aware of the importance of involving patients in decisions about care and treatment. We were told patients, particularly older children, were given time to make decisions about treatment in conjunction with their parents, for example, in the fitting of braces. If necessary, patients were encouraged to return on another occasion, having discussed and agreed the matter with parents or guardians. Staff had a good understanding of issues around consent with adults and children and were aware patients could withdraw consent at any time. Patients had received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were made clear in the treatment plan.

We looked at a recently completed patient satisfaction survey and returned comment cards. We noted that all of patients asked were satisfied or highly satisfied in areas concerning involvement in decision making.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

We spoke with staff and examined documentation concerning the practice's response to patients' needs. We looked at the practice's appointment system and noted it was flexible enough to cope with emergency situations. There was no double booking of appointments. Our examination of returned patient satisfaction questionnaires showed a high degree of satisfaction in waiting times, both for routine and emergency appointments.

Tackling inequity and promoting equality

We examined the practice's equality and diversity policy and spoke with staff. We were told the provider had systems in place to meet the needs of patients for whom English was not a first language. The practice used computer software to translate e-mail enquiries and also offered access to private translation services. Large text and braille leaflets were available to patients with visual impairment on demand. The staff we spoke with showed a clear understanding of their responsibilities in this area.

Access to the service

We noted the practice provided wheelchair access, including the use of a portable ramp where needed.

Reception areas and a consulting room were on the ground floor and accessible to patients with mobility problems. The practice was situated close to the city centre. There was no car park but there was access to rail and bus services, with several public car parks nearby. The practice was open six days a week from Monday to Saturday from 8.30am until 5.00pm. We asked about emergency appointments. We were told because of the nature of the work, emergencies were not common but staff would see any patient presenting in pain on the same day if possible.

Concerns & complaints

We examined the complaints policy and procedures and found they included clear guidelines on how and by when issues should be resolved. They also contained the contact details of relevant external agencies, such as the local NHS commissioners. The complaints policy was also displayed in the waiting area. We also examined the practice's complaints log. There had been no recent complaints made. Our conversations with staff indicated a culture of openness in which patients, their representatives and staff could raise issues of importance to them. The latest returned satisfaction survey, comment cards and compliment cards received by the practice showed a very high level of satisfaction amongst patients asked.

Are services well-led?

Our findings

Governance arrangements

The practice had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice also employed a business manager to assist in this process.

There was a clear management structure, with staff acting as dedicated leads in areas such as infection control and safeguarding children and vulnerable adults. There were clear and relevant risk assessments in place, in areas such as environmental cleaning, the safety and suitability of premises and infection control. The provider also had a dedicated COSHH file (care of substances hazardous to health). We examined the file and saw it was reviewed and updated regularly.

Leadership, openness and transparency

Our observations and discussions with staff, along with our examination of policies and protocols, indicated a high level of communication within the team. There was also an open and honest approach to their work. Informal communication was backed up by regular staff meetings, the minutes of which were produced for internal and external scrutiny. The staff we spoke with appeared highly motivated. They told us they felt valued and supported and could contribute ideas and suggestions without fear of discrimination.

Management lead through learning and improvement

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, impression taking and X-ray quality. Where areas for improvement had been identified, action had been taken. There was evidence of repeat audits at appropriate intervals and these reflected that standards and improvements were being maintained. For example infection prevention audits were undertaken every 6 months in accordance with current guidelines. Audit findings were discussed and action taken at team meetings.

We examined staff records and noted all relevant staff were registered with the General Dental Council and adequately indemnified. Our conversations with staff indicated a clear understanding of their professional responsibilities and accountability. The practice operated a formal appraisal system in which staff had one-to-one interviews with their line manager and personal development plans were drawn up. The staff we spoke with were happy with this process.

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

The practice regularly sought the views of patients who used the service via questionnaires. We examined a survey of 29 recently patient satisfaction questionnaires, returned since January 2015. We also looked at 40 comment cards returned directly to the Care Quality Commission. All of those examined showed a high degree of satisfaction in all areas, including cleanliness, waiting times and staff attitudes. The practice also captured the views of patients informally following their visit to the practice.

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.

This section is primarily information for the provider

Enforcement actions

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.