

## Anglesea Terrace Orthodontic Practice Ltd

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### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 6 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **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.

Anglesea Terrace is an orthodontic practice in St Leonards On Sea, East Sussex, offering NHS and private orthodontic treatment to adults and children.

The practice is situated in the centre of St Leonards On Sea. The practice has two treatment rooms, a decontamination area for the cleaning, sterilising and packing of dental instruments, a waiting area and a reception area. The practice is located in the basement of the main building. The practice does not have disabled access due to steep descending steps at the front of the building. The practice is open Monday 8.45am to 5.00pm, Tuesday 8.45am to 6.00pm, Wednesday 8.45am to 5.00pm, Thursday 8.45am to 5.00pm and Friday 8.45am to 2.30pm (8.45am to 6.00pm on alternate Fridays). The practice is not open on Saturdays and sometimes opens late on Tuesdays for private patient appointments.

Anglesea Terrace has one orthodontist (who is also the registered manager), an orthodontic therapist and three dental nurses (one of whom is a trainee). The clinical team are supported by one receptionist/ administrator. A registered manager is a person who is registered with the

# Summary of findings

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.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 36 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were polite, kind and friendly. Patients wrote that they were treated with dignity and care. Patients also commented that the environment was clean, tidy and hygienic. We also spoke with two patients during our inspection who were highly satisfied with the treatment and support they received at the practice.

## **Our key findings were:**

- There were systems in place to reduce the risk and spread of infection. The practice was visibly clean and well maintained.
- The practice had effective systems in place to gain the comments and views of people who used the service.
- Patients were highly satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- We observed that staff showed a caring approach towards patients at the practice.
- The orthodontic care records we looked at provided full and accurate details of the treatment and care which patients received.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff were proud of the practice and their team. Staff felt well supported in their roles.

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

- Check that all staff files contain the relevant recruitment checks.

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

The practice had systems in place to assess and manage risks to patients. There were processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

### **Are services effective?**

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The orthodontic care records we looked at included accurate details of treatment provided. We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs.

### **Are services caring?**

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

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were treated with care and staff were friendly. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work.

### **Are services responsive to people's needs?**

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection. Patients told us that staff were responsive in helping them to feel calm and reassured.

### **Are services well-led?**

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

The practice had effective clinical governance and risk management structures in place. There were effective methods to seek feedback from patients using the service. We observed good support from the registered manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

# Anglesea Terrace Orthodontic Practice Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 6 October 2015 by a lead inspector and a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose and information about staff working at the practice.

During the inspection we spoke with one orthodontist (who was also the registered manager), one orthodontic therapist, three dental nurses (one of whom was a trainee) and one receptionist.

We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We reviewed 36 CQC comments cards during the inspection and spoke to two patients who were registered at the practice.

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. We looked at examples of accidents and incidents that had been recorded. Records demonstrated that staff had acted on incidents that had occurred.

The provider understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

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

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

Staff at the practice had attended safeguarding training for adults and children and knew that they had to keep this up to date. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern if it was necessary.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

Records showed that checks were made to ensure that the equipment and emergency medicines were safe to use. The expiry dates of medicines and equipment were monitored monthly by the practice manager. Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment and how to use it. Staff told us that emergency medical scenarios were discussed regularly at staff meetings.

### Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out.

The practice had an effective system in place for the safe recruitment of new staff which included checking qualifications and professional registration. We found that personnel records contained most of the required recruitment documentation such as proof of identification, CV, indemnity insurance and proof of professional registration. We noted that formal written references had not been sought for recently recruited staff.

### Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place for the practice. The practice had a log of risk assessments such as fire, hazardous substances, radiation and eye injuries. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situation which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system and smoke detectors in place. We reviewed documents which showed that

# Are services safe?

checks of fire extinguishers had taken place. Records showed that staff had attended fire training. We saw that the fire evacuation procedure was clearly posted in areas throughout the practice. Staff told us that fire scenarios were practised regularly.

## Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. This was confirmed by the patients we spoke with and from the comments cards we reviewed. Treatment rooms were visibly tidy and free from clutter. We saw that cleaning schedules were documented accordingly.

There were designated hand wash basins in each treatment room. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in treatment room drawers.

The practice had a dedicated decontamination area. One of the dental nurses showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore appropriate PPE during the decontamination process. Dirty instruments were washed and rinsed. They were then inspected and placed into an autoclave (sterilising machine). We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages.

We saw a clear separation of dirty and clean areas. There were adequate supplies of personal protective equipment (PPE) such as face visors, aprons and gloves. Posters about good hand hygiene were displayed to support staff in following practice procedures.

There were sufficient instruments available to ensure that services provided to patients were uninterrupted. Staff

showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments.

The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.)

The practice carried out an annual Infection Prevention Society (IPS) self-assessment decontamination audit relating to HTM01-05 every two years. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in the case of a sharps injury. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety and sharps guidelines (2013).

The practice had a record of staff immunisation status with regards to Hepatitis B in staff personnel records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove orthodontic waste from the practice including gypsum.

## Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included the testing of specific items of equipment such as the X-ray machine and pressure vessel systems. Records showed that the practice had contracts in place with external

# Are services safe?

companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Medicines and prescription pads were stored securely and traceable records were kept of each prescription. Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

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

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation

protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) had been appointed and the orthodontist was the Radiation Protection Supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed. The practice had carried out an annual X-ray audit within the last year.

We saw evidence that the orthodontist recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. We were shown the current training certificates for the dentists which demonstrated that they were up to date with IR(ME)R training requirements.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual orthodontic needs. We found that patient's orthodontic care records were clear and contained appropriate information about patients' treatment. The practice kept electronic records of the care given to patients. We reviewed the information recorded in patients' orthodontic care records about the treatment and advice given to patients. We found the patient journey was well described and written and verbal information was given to patients.

We saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Recorded information showed that patients were given ongoing oral hygiene advice regarding long term care, such as using a fluoride mouthwash and brushing effectively.

### Health promotion & prevention

Patients completed a medical questionnaire which included questions about their health. **The** waiting area contained written literature regarding effective dental hygiene and a guide to hidden sugars in food and drink.

Staff told us that patients were given advice appropriate to their individual needs. Photographs were taken of areas being treated on a regular basis to increase motivation and to ensure a high level of satisfaction. The orthodontic care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

### Staffing

The practice had one orthodontist (who was also the registered manager), an orthodontic therapist and three dental nurses (one of whom was a trainee). The clinical team were supported by one receptionist/ administrator.

Staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of various members of staff at the practice which

demonstrated that they had attended appropriate training and were up to date. The orthodontic therapist had specialised training and various courses such as the use of clear braces. Staff attended internal training, online courses and used team meetings to share learning and knowledge.

New members of staff received an appropriate induction programme when they joined the practice. There was an appraisal system in place which was used to identify training and development needs.

Staff records contained details of current registration with the GDC and the registered manager monitored that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

### Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments to specialist services. These included local NHS hospital dental services and specialist clinicians.

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

### Consent to care and treatment

The dentists described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's orthodontic care records which indicated that valid consent had been obtained for treatment at the practice. There was evidence that discussions regarding consent had taken place.

Patients we spoke with told us that treatment options, risks, benefits and costs were discussed clearly. They told us they were given time to consider their options and make informed decisions about which option they wanted.



# Are services effective?

(for example, treatment is effective)

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about

their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good understanding of the MCA and the importance of assessing each situation individually.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. We also spoke with two patients on the day of inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity.

The practice had effective systems in place to gain the comments and views of people who used the service. The practice used patient satisfaction forms and end of treatment feedback to capture patients' views of the service. Staff told us that forms were collected regularly and patient's comments were taken into account. The most recent satisfaction survey showed that 90% of patients were happy with their waiting time and 80% of emergency patients were seen within one hour. The practice also used the NHS Friends and Family Test (FFT) to capture patient's views of the service. We observed that results of the FFT had been highlighted on a poster in the waiting area which showed how the practice had improved as a result of patients' comments.

During our inspection we observed that staff showed a friendly and attentive approach towards patients. All patients were greeted at reception on arrival. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' orthodontic care records were stored in password protected computers. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

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

Patients were given a copy of their treatment plan and the associated costs where applicable. Patients we spoke with told us that they were allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making when required.

Patients were informed of the range of treatments available on the practice website. We saw that prices of private charges were clearly displayed in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and within the practice leaflet. The practice leaflet contained information about the practice such as opening times and contact details. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots each day for the orthodontist to accommodate urgent or emergency appointments. Patients we spoke with told us they were seen in a timely manner in the event of an emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

### Tackling inequity and promoting equality

The practice was contained on the lower ground floor of the building, therefore the practice was not accessible to patients with mobility difficulties. Staff told us that patients were made aware of the accessibility issues and this was also written on patient's appointment cards. Parking was available on the road at the front of the practice. A toilet was available for patients near to the waiting area.

We asked staff to explain how they communicated with people who had different communication needs, such as those who spoke a language other than English. Staff told us they had access to local interpreter services.

### Access to the service

The practice was open Monday 8.45am to 5.00pm, Tuesday 8.45am to 6.00pm, Wednesday 8.45am to 5.00pm, Thursday 8.45am to 5.00pm and Friday 8.45am to 2.30pm (8.45am to 6.00pm on alternate Fridays). The practice did not open on Saturdays and sometimes opened late on Tuesdays for private patient appointments.

Information regarding the opening hours was available in the practice leaflet and on the practice website. The practice answer phone message and the practice leaflet provided information on how to access out of hours treatment. Appointment slots were available each day so that the practice could respond to emergency patients. Both patients we spoke with told us that the practice was very accommodating when scheduling both emergency and routine appointments.

### Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received no formal complaints regarding the service within the last 12 months. Staff had a good understanding of the complaints process. Staff described the process which would be followed and were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was available in the waiting area. Patients we spoke with told us they were confident in raising a concern. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

# Are services well-led?

## Our findings

### **Governance arrangements**

The registered manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. They ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to infection control, record keeping, referrals and radiographs. Action plans had been identified as a result of the audits and staff told that the results were shared with other members of the team.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures that had been put into place to manage those risks.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

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

Staff told us they were kept informed of any changes and updates. They told us that the registered manager adopted an open and transparent approach at the practice. Staff told us that they were provided with up to date information during staff meetings such as training, developments at the practice and new staff members. Records from a recent staff meetings showed that various topics had been discussed, such as staff training, appraisals, fire safety and ideas to improve the practice.

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff we spoke with described the practice culture as supportive, friendly and open. Staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively

together and there was a supportive and relaxed atmosphere. The registered manager was highly visible within the practice and had a positive approach towards any improvements that were needed at the practice.

### **Management lead through learning and improvement**

The registered manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All of the staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a system in place for staff to receive annual appraisals.

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

The practice had an effective system in place to seek feedback from patients using the service. The results were analysed and compared with previous results. There was evidence that changes and improvements had been put into place as a result of patients' feedback. For example, in a recent FFT survey, patients commented that they would like coloured bands for their braces. The practice had responded to the feedback and put this into place. We observed that patients were asked which colour band they would prefer during treatment. Staff told us that issues were discussed with patients and suggestions would always be implemented if possible.

The registered manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the registered manager and the rest of the team and that they were always listened to and acted upon.