

No1 The Orthodontic Specialists

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## Inspection report

1 Station Road  
Mickleover  
Derby  
DE3 9GH  
Tel: 01332514893  
[www.no1braces.co.uk](http://www.no1braces.co.uk)

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### Overall summary

We carried out this announced comprehensive inspection on 8 November 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

No 1 The Orthodontic Specialists is in Derby and provides NHS and private orthodontic treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 orthodontists, 5 dental nurses, 3 orthodontic therapists (1 of whom is a trainee), 2 treatment coordinators, 2 receptionists and 1 practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with 2 orthodontists, 3 dental nurses, 1 orthodontic therapist, 1 treatment coordinator, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Thursday and Friday from 8.30am to 3.30pm

Tuesday and Wednesday from 9am to 6pm

- We identified an area of notable practice in relation to providing person centred care. For example, following completion of a disability access audit, the provider identified that the majority of patients with additional communication requirements preferred to use bespoke applications to aid communication. The provider had purchased an additional iPad tablet and downloaded these applications to allow patients to communicate in their preferred manner.
- The practice had taken steps to improve environmental sustainability. For example, toothbrushes and mouthwash containers dispensed by the practice were mostly recyclable. Printing was kept to a minimum, lights were operated by sensors to reduce energy wastage and the packaging for instruments was separated into its paper and plastic components and both were recycled.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

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

The practice had safeguarding processes and staff had received training to a level appropriate to their role and demonstrated a detailed understanding of their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

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

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We identified scope for improvement in ensuring that a rectangular collimator was used on the X-ray machine.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. We identified scope for improvement in ensuring that checks of the availability of equipment were carried out regularly. Following our inspection, the provider submitted evidence that all equipment was available, and a monitoring process was in place.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We found that hazardous items were stored in line with guidance and safety data sheets were available and regularly updated.

### **Information to deliver safe care and treatment**

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

# Are services safe?

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

## **Safe and appropriate use of medicines**

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

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. We reviewed the record of a recent incident which showed the provider had investigated the issue thoroughly and openly. Learning points were identified and systems adapted to prevent a repeat of the incident. All learning was shared amongst the staff team.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The specialist orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives. Staff carried out visits to local nurseries and primary schools to give presentations on promoting good oral health. The provider was involved in a number of outreach and education programmes including, Keep Britain Smiling and was involved in a scheme with the Premier League All Stars to train football coaches to deliver oral health advice.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff had received training in and demonstrated an understanding of their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. A team of treatment coordinators were available to explain treatment options to patients and their families. The provider had produced a range of captioned information videos to ensure patients were fully informed of their options and how their treatment would progress.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as adults and children with neuro divergence or a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The provider supported staff to undertake a range of additional training to develop their skills, enhance patient care and support career development. We saw that nurses and therapists had additional roles including radiography and oral health education.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. We saw that the induction period could be adjusted to suit the needs of the learner and provider and ensure that staff were comfortable in undertaking all tasks associated with their role.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontics, and we saw staff monitored and ensured the orthodontists were aware of all incoming referrals.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

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

We reviewed online feedback from patients which indicated a high level of satisfaction with the treatment received from the service.

We observed numerous positive interactions between staff and patients both in person and on the telephone.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Separate rooms were available to hold private or confidential conversations.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The orthodontists explained the methods they used to help patients understand their treatment options. These included online videos, in person discussions, photographs, study models, X-ray images and an intra-oral camera.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access to the service, an accessible toilet and designated parking for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. For example, the provider had identified that patients with additional communication requirements were increasingly using bespoke applications on their phones to support their needs. The provider had installed a range of these applications on an iPad enabling patients and their families to communicate in a way that met their needs.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the orthodontist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. We reviewed the details of a complaint received. This showed that the provider had followed the principles of the duty of candour by carrying out a thorough investigation of the complaint and maintained open and honest communication with the complainant throughout the process which was resolved to everyone's satisfaction. We saw that following the completion of the investigation, staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

There was a strong, established leadership structure with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

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

### **Culture**

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

There was a stable and dedicated staff team. Staff we spoke with told us they found the leadership team approachable and supportive and felt respected and valued. They told us they were proud to work in the practice.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The provider had implemented a system that recorded when staff had read policies and procedures to ensure everyone had an understanding of their relevance to their role.

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.