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Orthodontic Practice Tring

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 April 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.
- 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Summary of findings

- Complaints were dealt with positively and efficiently.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had a staff recruitment policy which reflected current legislation. However, staff records were incomplete as they did not contain proof of identification, satisfactory evidence of conduct in previous employment or evidence of satisfactory protection against Hepatitis B.
- Staff knew how to deal with medical emergencies. However, not all appropriate medicines and life-saving equipment were available.
- Some of the practice's infection control procedures did not reflect published guidance.
- The practice did not have an effective system to receive, action and cascade safety alerts.
- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risks in relation to management of medical emergencies, servicing of equipment, and the Control of Substances Hazardous to Health.

Background

Orthodontic Practice - Tring is in the town of Tring in Hertfordshire and provides NHS and some private orthodontic treatment for adults and children.

There is a portable ramp for 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 1 specialist orthodontist, 2 dental nurses, and 1 receptionist. The practice has 1 treatment and 1 consultation room.

During the inspection we spoke with the dentist, 1 dental nurse, and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Mondays, Tuesday, and Thursdays from 8.45am to 5pm

Fridays from 8.45am to 1pm.

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

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

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

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

- Take action to ensure audits of radiography, record keeping, and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, by recording the sentinel hot and cold-water temperatures.

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The dentist and the dental nurses had completed training in safeguarding children and vulnerable adults to level 3. Although the receptionist had not recently completed training appropriate to their role, they were able to describe and had awareness of the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy in place.

The practice had infection control procedures which did not reflect published guidance. We saw evidence that the steriliser was validated, maintained and used in line with the manufacturers' guidance. However, we noted that a wire bur brush was in use and that the practice occasionally used cold sterilisation processes alone for metal impression trays, which was not in line with guidance. An infection prevention and control audit had been completed immediately prior to our inspection visit; however, this had not identified the shortfalls and did not include an action plan for improvement. In addition, improvements could be made to ensure infection and prevention control audits were completed at 6-monthly intervals, in line with current guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which had been completed in 2011. However, these procedures required improvement as we saw that monthly water temperature checks were not undertaken, and the risks associated with the infrequently used washer disinfector had not been assessed or mitigated.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, although the clinical waste container was not secured to a fixed structure.

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

The practice had a recruitment policy which reflected the relevant legislation. Disclosure and Barring Service (BDS) checks for staff had been completed. However, we saw that staff records did not include proof of identification, blood test results to show that clinical staff were fully protected against Hepatitis B, or satisfactory evidence of conduct in previous employment (references).

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions However, we noted that the washer disinfector was not serviced or checked to ensure it was working effectively.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in March 2023 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.

Risks to patients

The practice had completed risk assessments to assess, monitor and manage risks to patient and staff safety although these were not reflective of the practice. A risk assessment for lone working had not been completed for the cleaner.

Are services safe?

Emergency equipment and medicines were checked weekly, but the process was not effective as not all medicines and equipment were available or in date in accordance with national guidance. The medicine to manage seizures (Buccal Midazolam), paediatric face masks and child size self-inflating bag with reservoir, portable suction, a spacer device to administer bronchodilator medicine, razor, and scissors and paediatric pads to use with the automated defibrillator were missing. Needles for the administration of emergency medicines were out of date and only 1 size was available.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year although since 2019 this had been online training which did not include hands-on cardiopulmonary resuscitation training as recommended in guidance.

The practice had completed some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, these had not been completed for all dental products or cleaning substances used at the practice.

Information to deliver safe care and treatment

Patient care records were legible, kept securely and mostly complied with General Data Protection Regulation requirements. However, improvement was needed to ensure the security of the memory card containing patient's photographs taken as part of their assessment for orthodontic treatment.

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

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice did not have an effective system in place for receiving and acting on safety alerts as they relied on a third party to send this information rather than receiving it directly.

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 orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. However, we noted that not all information relating to the assessment was recorded in the patient records.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products including retainers were available for sale at the practice.

Consent to care and treatment

The dentist explained how they obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. However, there were shortfalls in the recording of consent in patient dental care records we viewed.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice did not keep detailed patient care records in line with recognised guidance. For example, the provider was failing to document consent including treatment options offered to patients including their advantages and disadvantages, and some information relating to the orthodontic assessment of the patient.

We saw a recently completed audit of patient care records which was not reflective of our findings on the day of inspection and there was insufficient evidence that audits were completed regularly.

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

We did not see evidence in the patient records that the dentist justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit in the last month, however, we did not see evidence of historical audits to confirm they were completed six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

We did not see evidence that newly appointed staff had a structured induction.

Co-ordinating care and treatment

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

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

Are services effective?

(for example, treatment is effective)

The practice was a referral clinic for orthodontics and we saw staff monitored and ensured the dentist 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.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice stored patient paper records securely. However, improvement was needed to ensure the security of patient photographic information stored on the camera memory card when taken out of the practice.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and we saw examples of information given to patients 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 dentist explained the methods they used to help patients understand their treatment options. These included for example 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 a portable ramp 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.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and outside the practice.

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 dentist and the patient. 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.

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

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. The practice did not provide patients with information about how to complain to external agencies. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety, however, improved oversight was needed to ensure there was an understanding of the essential requirements and regulations.

The information and evidence presented during the inspection process was not always clear, available, and well documented.

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

Culture

The practice team was small, close-knit, and longstanding.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We saw that clinical staff undertook continuous professional development. However, we did not see evidence that staff were provided with appraisals.

Governance and management

Whilst we saw evidence of good care and treatment delivered, the inspection team judged that there was a lack of understanding about the requirements of the regulations. This impacted clinical and non-clinical governance arrangements because the provider had not sought to effectively mitigate risks. For example: better governance was needed to ensure equipment was maintained in accordance with manufacturers guidance and legislation.

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. However, we noted that some policies were not reflective of the practice's processes or in line with current guidance in particular the storage of wrapped dental instruments.

Although there were processes for managing some risks, issues and performance we found shortfalls in assessing and mitigating risks in relation to recruitment, substances hazardous to health, sharps safety, emergency equipment and medicine and Legionella. Much of the governance processes were saw had very recently been implemented and we were not assured that staff had sufficient understanding to be able to maintain these going forward.

Improvements were required to the quality improvement processes; the provider could not evidence that they audited patient care records and radiographs regularly to identify areas for improvements.

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 although the risks associated with the storage of patient photographs had not been mitigated.

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.

Are services well-led?

Feedback from staff was obtained through meetings 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.

Continuous improvement and innovation

We saw some evidence of quality assurance, for example, audits of infection control, and disability access that had been recently completed. However, the provider was not able to demonstrate or provide us with evidence that they routinely monitored the quality of patient care records including radiographs.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Not all specified information as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding each person employed was available. In particular, satisfactory evidence of conduct in previous employment and photographic identification. • The system for ensuring that staff were fully protected against the Hepatitis B virus was ineffective. • Staff induction and appraisals were not completed. • The practice's infection control procedures were not in line with the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008:

This section is primarily information for the provider

Requirement notices

'Code of Practice about the prevention and control of infections and related guidance'. In particular; in the use of cold sterilisation for metal impression trays and the use of wire bur brushes.

- Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 were ineffective.
- Risk assessments for health and safety and sharps were not fit for purpose or reflective of the practice's current arrangements.
- A lone worker risk assessment had not been completed for the cleaner.
- The provider did not ensure that all medicines and equipment for the management of a medical emergency was available and in date in line with Resuscitation Council UK guidance.
- Processes were ineffective to ensure that all equipment used for the provision of regulatory activity was serviced and tested in line with guidance and manufacturer's instructions, in particular, the washer disinfector.

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The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Dental care records were not comprehensively written to include necessary information as per guidance.
- The provider was failing to record consent for care and treatment in line with legislation and guidance.

Regulation 17 (1)