

Orthoworld 2000 Limited

Orthoworld 2000 Nottingham

Inspection Report

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Overall summary

We carried out this announced inspection on 31 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental 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 form the framework for the areas we look at during the inspection.

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.

Background

Orthoworld 2000 is an orthodontic practice located in Nottingham city centre. The practice provides mainly NHS (95%) orthodontic treatment.

The practice is located on two floors with three treatment rooms. All of the clinical areas including the treatment rooms are located on the ground floor. There is ramped access into the practice and a pay and display car park close to the practice.

Summary of findings

The orthodontic team includes: three orthodontists; two orthodontic therapists; one student orthodontic therapist; three qualified dental nurses; one designated receptionist; one trainee dental nurse; one treatment co-ordinator and a practice manager.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at the practice was the practice manager

On the day of inspection we collected nine completed CQC comment cards. This information gave us a positive view of the practice.

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

The practice opening hours are: Monday and Tuesday: 8:30 am to 5:45 pm; Wednesday and Thursday: 8:30 am to 4:30 pm and Friday: 9 am to 3 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- The practice asked staff and patients for feedback about the services they provided, and received positive feedback.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes. Staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took measures to protect their privacy and personal information.
- The practice completed regular audits and used the information to make improvements.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, helpful and competent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly and informative. Patients also said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the orthodontist.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs.

Staff considered patients' different needs. This included providing ground floor treatment rooms for patients with disabilities and families with children. The practice also had access to telephone interpreter services.

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

The practice had an induction hearing loop to assist patients who used a hearing aid.

Are services well-led?

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

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

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

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

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

The practice recorded, responded to and discussed all accidents and significant events to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There was clear analysis and action and learning points were recorded.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts. Staff at the practice were aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the identified lead for safeguarding in the practice.

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in a designated COSHH file.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using sharp dental items.

The practice had a business continuity plan to describe how the practice would deal with events which could disrupt the normal running of the practice. This had been updated to reflect changes at the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in January 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), portable suction and medical oxygen.

The practice had a first aid box which was located centrally. Three members of staff had completed first aid at work training.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor each month that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager

Are services safe?

was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 1 April 2018.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. The fire risk assessment had been reviewed in October 2017. Records showed the staff conducted regular six monthly fire drills.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Clinical staff completed an annual update in infection prevention and control with the most recent training having been completed at various times in the 12 months prior to this inspection.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in July 2017. The new practice manager had identified that infection control audits had been completed annually instead of six monthly. This was recorded as a significant event and the schedule was changed to ensure these audits were completed six monthly.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated in December 2015.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. There were records within the practice to demonstrate that equipment had been serviced regularly. Safety checks on the utilities of gas and electricity had been completed in line with current legislation.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had one intraoral X-ray machine which was fitted with rectangular collimation to reduce the dosage of radiation to patients. There was also one extra-oral X-ray machine with an additional panoramic cephalometric facility to take X-rays of the entire face and jaw. The practice used digital X-rays which delivered a lower level of radiation to patients.

We saw evidence that the orthodontists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated 17 October 2017.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Clinical notes were held electronically. Digital X-rays were automatically uploaded into patient records. Patients' medical histories were scanned into the record and updated by the patient and orthodontist in the treatment room. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice had a range of leaflets and guidance for patients in relation to their treatment and any orthodontic appliances. Every patient had a one to one session with a dental nurse after their treatment started. This was so the nurse could demonstrate different oral hygiene techniques specifically for patients with braces or appliances.

Posters, leaflets and a television were available for patients to read and watch in the practice giving information about treatments and positive oral health messages.

Staffing

The practice had three orthodontists; two orthodontic therapists; 1 student orthodontic therapist; three qualified dental nurses; one designated receptionist; one trainee dental nurse; one treatment co-ordinator and a practice manager. We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed

clinical staff completed the continuous professional development required for their registration with the General Dental Council. There were systems to monitor the staff training needed to meet GDC requirements.

We saw that appraisals had been completed for all staff on an on-going programme.

Working with other services

Orthodontists referred patients back to their own dentist if they required any general dental treatment. In addition patients were occasionally referred to the local hospital for a second opinion.

The practice received referrals from general dental practice for NHS orthodontic treatment for patients aged 16 or under.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which referenced the Mental Capacity Act (MCA) 2005 and the arrangements relating to Gillick competence. We discussed consent with staff who showed a clear understanding and knowledge of the MCA and Gillick competence. The orthodontists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment. We saw some examples where orthodontists had recorded this information in dental care records.

Patients were asked to sign a commitment to treatment form at the start of their treatment. This set down the patients' responsibilities and clarify what exactly the patient was consenting to. It was practice policy to only discuss treatment options in the presence of a parent or guardian when the patient was aged 16 or under.

Patients were given a copy of their treatment plan and the practice recorded consent within the patients' dental care records.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, welcoming and helpful. We saw that staff treated patients with respect, were professional and caring at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

Staff password protected patients' electronic care records and backed these up to secure storage. Each staff member had their own unique password for the computer system.

Involvement in decisions about care and treatment

The practice offered both NHS (95%) and private (5%) orthodontic treatments and the costs for both NHS and private treatments were displayed in the waiting room. The costs for private orthodontic treatment were also available on the practice website.

Staff gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Several patients commented on the ease of getting an appointment that suited their needs. Patients told us they found it easy to get an appointment and staff were helpful when making appointments. Patients commented on being seen at short notice in an emergency. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they sent text message reminders to patients who had signed up for the service. This was 48 hours before an appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. There were three treatment rooms all situated on the ground floor and therefore accessible to patients who used wheelchairs and families with pushchairs. The toilet facilities were also compliant with the requirements of Equality Act 2010. The practice had an induction hearing loop to assist patients who used a hearing aid.

Staff said information was available in different formats such as large print. Staff said they used a telephone translation service when necessary. A poster in the reception area informed patients of this service. There was a ramped access to the practice and a door bell for patients to attract staff members' attention.

Access to the service

The practice displayed its opening hours on their website and outside the practice. Appointments were offered until 5:45 pm on Mondays and Tuesdays. As a result the practice offered appointments outside of the 9 am to 5 pm working day.

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

The answerphone directed patients to the NHS 111 emergency dental service outside of the practice hours. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received three complaints in the 12 months prior to this inspection. We saw that the complaints had been handled in line with the practice complaints policy and actions and learning points identified.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the management and leadership and was responsible for the day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed regularly throughout the calendar year.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Discussions with staff identified they understood the principles which underpinned the duty of candour.

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

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, infection control and radiographs. We saw that audits had been evaluated and feedback provided to the relevant clinicians.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed essential training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

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

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example: patients had commented that the letter for private treatment was not clear. This had been rewritten taking into account patients' comments.

Patients were encouraged to complete the NHS Friends and Family Test. There were comment cards and a response box in the waiting room to allow them to do this. The latest information in the practice showed positive feedback with 100% of patients who responded saying they would recommend the practice to family and friends.

There were eight patient reviews recorded on the NHS Choices website since March 2015, one in the 12 months up to this inspection. We saw that patient reviews were mixed. The practice had provided a written response to all of the comments.