Mansfield Orthodontic Practice Limited

Mansfield Orthodontic Practice - 17 Woodhouse Road

Inspection Report

17 Woodhouse Road
Mansfield
Nottinghamshire
NG18 2AF
Tel: 01623 641613
Website: www.goodsmile.co.uk

Date of inspection visit: 20 February 2020
Date of publication: 09/04/2020

Overall summary

We carried out this announced inspection on 20 February 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Summary of findings

Mansfield Orthodontic Practice is in Mansfield, it provides both NHS and private specialist orthodontic treatment to adults and children.

There is level access in to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for people with disabilities, are available near the practice.

The dental team includes four specialist orthodontists, three orthodontic therapists, nine dental nurses, two receptionists, two laboratory technicians, a sterilisation operative and a business manager. The practice has three treatment rooms, one of which is located on the ground floor. The practice has centralised decontamination facilities.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Mansfield Orthodontic Practice is the principal orthodontist.

On the day of inspection, we collected 81 CQC comment cards filled in by patients and spoke with two other patients. Feedback received about the practice was positive.

During the inspection we spoke with two specialist orthodontists, one orthodontic therapist four dental nurses, the sterilisation operative, one laboratory technician and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday: from 8am to 5pm and Friday: from 8am to 2pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. Improvements could be made to the process for manual cleaning dirty instruments.
- Staff knew how to deal with emergencies. Improvements were needed to the system for checking appropriate medicines and life-saving equipment were available and in date.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's recruitment procedures were in need of review and improvement.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Not all clinical staff had received sepsis awareness training.
- Staff provided preventive care and supported patients to ensure better oral health.
- The practice did not keep a log of NHS prescriptions held in the practice.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

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?	**Requirements notice** ✖
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 not providing safe 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.

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed safeguarding training to the required level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example those who were visually impaired, had a learning disability or dementia.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. We were not assured the infection control lead had sufficient oversight of the day to day operation of the decontamination process.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We noted when manual cleaning was used it was not being completed in line with the guidance. The water temperature was above 45 degrees centigrade and a wire brush was being used. We brought this to the attention of the business manager during the inspection who assured us this would be addressed.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed. The practice had a dental laboratory on site and had a system for recording when appliances had been disinfected, both going into the laboratory and when going back into the practice. We noted some laboratory work arriving to the onsite laboratory which was not marked as having been disinfected.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The risk assessment had been completed by an external company and was last reviewed in December 2019.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. We noted that some information required by schedule 3 of the

Are services safe?

Health and Social Care Act 2008 regulations was missing. Three of the five files we saw did not have photographic identification and four files did not have a full employment history.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. This had last been reviewed in August 2019. We saw there were fire extinguishers and an automatic fire detection system throughout the building and fire exits were kept clear.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays and had rectangular collimation fitted to the X-ray units to enhance patient safety.

Clinical staff completed continuing professional development in respect of dental radiography.

Radiography audits were not being completed annually and did not focus on the quality of the radiographs.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe orthodontic care and treatment. The staff followed the relevant safety regulation when using sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

We discussed the recognition, diagnosis and early management of sepsis with three clinical members of staff. One staff member was unsure of the signs and symptoms of sepsis.

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

Emergency equipment and medicines were available. However, we noted the practice did not have buccal midazolam for treating seizures, they did not have any adrenalin or syringes or needles to administer the adrenalin and another medicine salbutamol which had passed its use by date. We noted the practice did not have a full set of air ways and the ones they did have were passed their use by date. The emergency equipment was split between the two locations, and neither location had a full set of emergency equipment as described in national guidance, or emergency medicines as described in 'The British National Formulary'. Following this inspection, we were sent evidence the missing emergency medicine and the out of date equipment had been replaced. We were informed that a full set of emergency equipment and medicines was held independently at each location.

A dental nurse worked with the orthodontist and orthodontic therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We

Are services safe?

looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Patients updated their medical histories at each visit, and these were checked by the orthodontist.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. The only medicines held on site were the emergency medicines as identified in guidance.

We saw the practice occasionally issued NHS prescriptions to patients. We noted there were no records of NHS prescriptions held in the practice as described in current guidance.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the 12 months leading up to this inspection there had been no safety incidents. The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. These were discussed with the rest of the practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep orthodontists up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to digital cameras and digital X-rays, an Orthopantomogram and a Cephalometric machine to take specialist X-rays to enhance the delivery of care.

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

Helping patients to live healthier lives

The clinicians where applicable, discussed factors which could affect the patients' orthodontic treatment. For example, diet and oral hygiene. The practice had a selection of orthodontic products for sale and provided leaflets to help patients with their oral health.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment.

The orthodontists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records had last been audited for each orthodontist in July 2018.

Effective staffing

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

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The orthodontists confirmed they referred patients back to their own dentist for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were helpful, supportive and approachable. We saw that staff treated patients with respect and understanding and were and welcoming. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for private orthodontic treatments and goods such as cleaning kits for retainers were on display in the practice.

Patients said staff were compassionate and understanding.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff told us that if a patient asked for more privacy, they would take them into a private room near the reception desk.

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. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- The practice used the services of an Interpreter service if required
- Staff communicated with patients in a way they could understand.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The orthodontists described the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images to help the patient or relative better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with sight loss, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 100 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

81 cards were completed, giving a response rate of 81%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff and the way treatment was explained.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included level access and an accessible toilet with hand rails.

Timely access to services

The practice displayed its opening hours in the premises.

The practice had an appointment system to respond to patients' needs. Patients 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.

Listening and learning from concerns and complaints

Staff told us the business manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information folder explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the business manager about any formal or informal comments or concerns straight away so patients received a quick response. The complaints policy identified the time scale in which the practice would respond to any complaints received.

The business manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the business manager had dealt with their concerns.

The practice had received four complaints in the year leading up to this inspection. We saw that the practice had followed their complaints policy.

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

Staff discussed their training needs at annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans where appropriate in the staff folders.

The practice held regular staff meetings to share information and support staff. Minutes were taken of the meetings as a record of discussions and decisions and to be able to refer to at a later date.

The staff focused on the needs of patients, the ground floor treatment rooms and level access made accessing treatment for patients with mobility issues easy.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We noted the provider did not have a duty of candour policy. Following the inspection, we were sent a detailed duty of candour policy which had been produced for staff.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We identified areas where improvements to risk management were needed:

- Systems and processes to oversee the infection control processes required improvement.
- The system to check emergency medicines were available and ready for use had failed to identify not all medicines as described in national guidance were available or within the use-by-date.
- Not all clinical staff had received sepsis awareness training.
- Systems and processes relating to staff recruitment had failed to ensure all of the information required by schedule 3 of the Health and Social Care Act 2008 Regulations was available.
- There were no systems or processes to ensure the security of NHS prescriptions held in the practice.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. During the three-month period up to this inspection 126 patients had responded, they had all provided positive feedback and said they were extremely likely or likely to recommend the practice to their family and friends.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of for example, dental care records and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There are systems in place to support staff in training and meeting the requirements of their continuing professional development.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Infection prevention and control systems and processes were not being followed as described in national guidance: The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. • The registered person had not ensured the staff files contained the necessary information identified in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • The registered person did not have a system or process to ensure the security of NHS prescriptions held in the practice. • The practice did not have a full set of emergency equipment as described in national guidance, or emergency medicines as described in 'The British National Formulary' • The registered person had not ensured all clinical staff had received sepsis awareness training. **Regulation 12 (1)(2)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 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.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person did not have an effective recruitment procedure to ensure that appropriate checks were completed prior to new staff commencing employment at the practice. Not all staff had photographic identification or a full employment history.
- The registered person did not have oversight of systems and processes to ensure emergency medicines and equipment were available and within their use-by-date as described in national guidance.
- The registered person did not have oversight of or ensured the practice's infection control procedures and protocols took account the guidelines issued by the Department of Health in the : 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 in relation to staff following manual cleaning procedures and protocols.
- The registered person did not have systems or processes to ensure the security of NHS prescription pads held in the practice.

Regulation 17 (1)