

Dr Michael Gordon Mew

Orthodontic Health Limited

Inspection Report

18 Pampisford Road
Purley
Surrey
CR8 2NE

Tel: 020 8660 3695

Website: www.orthotropics.co.uk

Date of inspection visit: 27 June 2019

Date of publication: 25/07/2019

Overall summary

We carried out this announced inspection on 27 June 2019 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.

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

Orthodontic Health Ltd is in the London borough of Croydon and provides private treatment to mainly children; however, they do treat adults.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice for patients. Local transport services are also close to the practice.

The dental team includes two orthodontists, one dental nurse, one trainee dental nurse, a personal assistant (PA), a project manager, a clerical assistant and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal orthodontist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected feedback from 46 patients through CQC comment cards filled in by patients and speaking with patients.

During the inspection we spoke with the principal orthodontist, the dental nurse, the PA and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.00am to 5.30pm Tuesdays & Thursdays;

2.00pm to 5.30pm Wednesdays;

8.00am to 5.00pm Fridays.

The practice is closed on Mondays and weekends.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider 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 care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well 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 suitable information governance arrangements.

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

- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the practice's protocols to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, including ensuring an appropriate risk assessment is in place.

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?	No action	✓

Are services safe?

Our findings

We found that 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 clear systems to keep patients safe.

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. We spoke with the safeguarding lead (the principal orthodontist) and they demonstrated appropriate knowledge of safeguarding. We saw evidence that some staff had received safeguarding training. Certificates were missing for some staff. Shortly after the inspection the provider sent some of the missing certificates.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Details of the local reporting authority were in the policy and staff were aware of where to get this information.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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 a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The practice did not use locum or agency staff. Staff told us that cover was provided internally.

We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice operated from premises which were leased. The landlord was responsible for carrying out facilities checks. The provider had a copy of the landlords' fire risk assessment. Staff told us that there were no issues or concerns raised in relation to the areas of the building they occupied from the most recent risk assessment. Staff told us that the landlord maintained records of testing to fire detection equipment, such as smoke detectors and the fire alarm.

Processes were in place to ensure that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that firefighting equipment, such as fire extinguishers, were regularly serviced.

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

We saw evidence that the orthodontists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

There were 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 practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken.

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

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

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance, although airways were missing. Staff told us that they would order this as soon as possible. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontists when they treated patients in line with GDC Standards for the Dental Team.

Improvements were needed to have in place suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was no COSHH folder in place and no associated risk assessment.

The practice 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.

The practice had suitable 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 practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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

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

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

The practice carried out infection prevention and control audits once a year. The latest audit showed the practice

was meeting the required standards. We discussed that the current national guidance suggested the audit was completed every six months. Staff assured us they would review their procedures.

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 orthodontist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

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 reliable systems for appropriate and safe handling of medicines.

This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues. The practice had systems to monitor and review incidents. In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice had systems to learn from and share lessons, identified themes and acted to improve safety in the practice. Staff told us this would be done through team meetings.

There was a system for receiving and acting on external safety alerts.

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 dental practitioners 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.

The practice had access to a 3D scanner and single lens reflex (SLR) camera to enhance the delivery of care.

Helping patients to live healthier lives

The orthodontists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 orthodontists assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff new to the practice had a period of induction based on a structured programme. Some training certificates were not available for us to check. However, overall we were assured that all staff undertook relevant training in line with continuing professional development required for their registration with the General Dental Council

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The practice monitored all referrals to make sure they were dealt with promptly.

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 kind, gentle and friendly. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Privacy and dignity

The practice 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, staff would accommodate this.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 were aware of

the requirements under the Equality Act.

Interpretation services were available for patients who did not use English as a first language via online services. Patients were also told about multi-lingual staff that might be able to support them.

Staff communicated with patients in a way that they could understand, and communication aids and easy read/ child friendly materials were available.

The practice 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. An orthodontist 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 orthodontist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images.

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.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a magnifying glass and information in formats suitable for young children to understand.

A disability access audit had been completed by the landlord and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on their website and included it in their information leaflet.

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

appointment were seen the same day. 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.

Patients were provided with an alternative telephone number in the event of having a dental emergency outside of normal hours. The practice's website 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 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. The principal orthodontist was responsible for dealing with these. Staff told us that they 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 practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The principal orthodontist/partners had the capacity and skills to deliver high-quality, sustainable care. The principal orthodontist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

Vision and strategy

There was a clear vision and set of values.

The principal orthodontist was clear on how they wanted to expand the practice. They wanted to ensure that Orthotropics received appropriate exposure and strived for the practice to be recognised for their contributions in this area.

Culture

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. The PA 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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.

The practice used patient surveys, verbal comments and online feedback to obtain patients' views about the service. The patient survey had not been completed last year but staff told us they planned to repeat it this year. The practice also had facilities for patients to leave comments online via social media.

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 practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole staff team had annual appraisals. They discussed learning needs, general well-being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.