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Phoenix Orthodontic Practice

Inspection report

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Overall summary

We carried out this announced inspection on 21 October 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on information of concern we received and 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 CQC specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

Is it safe?

Is it effective

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 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 well-led?

Summary of findings

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

Background

Phoenix Orthodontic Practice is in the London Borough of Newham and provides orthodontic treatment for adults and children.

The practice is owned by an individual. 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.

The practice team consists of an orthodontist, one general dentist, a dental hygiene therapist and five dental nurses. The clinical team are supported by two receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with the orthodontist, the hygiene therapist, two dental nurses, two receptionist and the practice manager. We also spoke with one of the operations managers and the provider group manager.

The practice is open:

8:00 am to 5.30pm on Mondays to Thursdays

8:00 am to 12.30pm on Fridays

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. These include arrangements to manage risks of COVID-19 virus in accordance with current guidelines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, and staff undertook training in basic life support.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

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)

There were 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. This information was easily accessible and included contact details for the local child and adult safeguarding teams.

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.

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 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 provider had introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate Personnel Protective Equipment was in use and staff had been fit tested for filtering facepiece masks (FFP).

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. There were records which 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.* The dental nurses were able to demonstrate that they understood and followed the practice procedures.

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. The risk assessment was kept under review and there were arrangements to disinfect dental unit water lines and monitor hot and cold water temperatures to minimise risks.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was tidy, organised 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 provider 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 recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records for three members of staff. These showed the provider followed their recruitment procedure. Disclosure and Barring Service (DBS) checks, evidence of identity and conduct in previous employment were carried out as part of a robust recruitment process.

Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. There were arrangements to monitor this and update records accordingly.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Tests were carried out for portable electrical equipment and there was a five-yearly test for the electrical installations at the practice.

There were arrangements to assess and mitigate risks of fire within the practice. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety equipment was checked and tested in accordance with current fire safety regulations. Staff undertook training in fire safety awareness and regular evacuation exercises were carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Records were available to show that annual mechanical and electrical checks and three-yearly radiological tests were carried out for the dental X-ray equipment.

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 results from the most recent audit showed that the provider has systems to monitor and improve the quality of the dental radiographs they took.

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

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 dental care and treatment. The staff followed the relevant safety regulation when using needles and other 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.

Staff were aware of the importance of recognising early signs of sepsis in patients. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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 as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Our checks confirmed that emergency medicines and equipment were available in accordance with the Resuscitation Council UK 2021 guidelines.

A dental nurse worked with the dentists and the dental hygiene 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. Staff had access to information in relation to the handling, disposal and action to take in the event of accidental exposure to hazardous materials.

Information to deliver safe care and treatment

Are services safe?

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

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The practice provided orthodontic treatments. There were no medicines, stored, prescribed or dispensed from the practice.

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.

We looked at records for two significant incidents which had been reported within the previous 12 months. These showed the practice had a robust system for recognising, reporting and acting on incidents to maintain and improve safety within the practice.

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 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. We saw 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 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 dentists and dental hygiene therapist provided instructions and advice on how to maintain good oral hygiene and care of the orthodontic devices.

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 dentists 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' dental care records.

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 might not be able to make informed decisions and staff undertook training in relation to mental capacity issues. The policy also 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.

The orthodontist and the hygiene therapist 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 dental care records which we viewed were clearly written and detailed in relation to the assessments carried out and the dental treatments provided.

The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. The most recent audit showed that dental care records were monitored and maintained in accordance with relevant guidance.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

The practice manager monitored staff training and development needs. Staff who we spoke with and staff told us that they felt supported to deliver care and treatment in a safe and patient focused way.

Co-ordinating care and treatment

There were arrangements for receiving and managing referrals for orthodontic treatments. There were arrangements to ensure that referrals were monitored so that patients received treatment in a timely way.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

There were clear and effective leadership arrangements within the practice. There were systems in relation to accountability, specific roles and responsibilities for the management of the service. Lead roles in relation to areas such as clinical and non-clinical management, infection control, and safeguarding were clearly defined. Staff were aware of the leadership arrangements within the practice.

Culture

The clinical and management team demonstrated openness, honesty and transparency in the way the service was managed. They described the practice ethos when responding to incidents and complaints to ensure learning and improvement when things went wrong. They were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

There were arrangements to monitor staff training and development needs as part of an annual appraisal system. We saw the provider had systems in place to deal with staff poor performance.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff who we spoke with told us that they were happy working at the practice. They told us the managers were supportive and that they all worked well as a team.

Governance and management

There were clear and effective processes for governance and managing risks.

There were a range of policies and procedures, which underpinned the management of the service. These were reviewed and maintained to reflect current legislation and guidelines.

There were robust systems for assessing and minimising risks to patients and staff.

The provider monitored the quality and safety of the service through a system of audits and reviews. These were used to maintain and improve the service.

There were systems to support staff and to monitor learning and development needs, which were met through training, and support from the principal dentist.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Are services well-led?

Engagement with patients, the public, staff and external partners

The provider used and encouraged feedback to obtain staff and patients' views about the service.

The provider 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 dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The needs of people with disabilities had been considered and adaptations made to the service including a chair lift, hearing induction loop and disabled accessible toilet facilities.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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