

Virtue Health Limited

Helix House Healthcare

Inspection Report

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Overall summary

We carried out this announced inspection on 16 April 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

Helix House Healthcare is in the West Bridgford area of Nottingham and provides private orthodontic treatment to adults and children.

There is level access throughout the practice. This is of benefit for people who use wheelchairs and those with pushchairs. The practice has two ground floor treatment rooms.

The dental team includes two specialist orthodontists, one orthodontic therapist, four dental nurses, one treatment co-ordinator, one receptionist and the practice manager.

Summary of findings

The practice is owned by a company 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 Helix House Healthcare is the practice manager.

On the day of inspection, we collected 17 CQC comment cards filled in by patients.

During the inspection we spoke with one specialist orthodontist, one orthodontic therapist, three dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday from 8am to 6pm, Wednesday from 8am to 7pm, Thursday from 8am to 6pm and Friday from 8am to 7pm. The practice is closed on Saturday and Sunday.

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 the staff recruitment information required by the Regulations.
- 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.
- 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.

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 people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed the essential recruitment checks required.

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

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Explanations were given to patients in a way they understood, and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

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

The provider 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 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very kind, friendly and nothing was too much trouble. They said that they were made to feel relaxed, and one patient said they would really miss coming when their treatment finished. Patients said their specialist orthodontist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to a translation and interpreting service and had arrangements to help patients with sight or hearing loss.

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

No action



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 or typed and stored securely.

The provider 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

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 saw evidence that staff 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 an appropriate level, and about to take further safeguarding training.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. We saw examples of how this information was recorded within dental care records.

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. We looked at seven staff recruitment records. The files contained the information required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly

tested and firefighting equipment, such as fire extinguishers, were regularly serviced. A fire risk assessment had been completed externally and reviewed in July 2018.

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 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 provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for each X-ray unit were available in line with the current regulations. The provider used digital X-rays and had rectangular collimation fitted to the intra-oral X-ray unit to reduce the dose of radiation received by patients.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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 sharp dental items.

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.

Are services safe?

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

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.

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

The practice was aware of the risks associated with sepsis. There was a sepsis policy and risk assessment available to all staff. There were posters in the practice to give staff further information.

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

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 (HTM01-05) 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. The lead had undertaken infection control training in line with their continuing professional development.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were 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 provider 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 had been completed by an external company.

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

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

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

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 practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Systems within the practice ensured medicines were used safely and were stored securely.

The orthodontists were aware of current guidance with regards to prescribing medicines.

The principal orthodontist told us the practice prescribed very few antibiotics and no audits had been completed as a result.

Track record on safety and lessons learned and improvements

The practice had a good safety record.

Are services safe?

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Since the practice opened in 2015 the practice manager said there had been no accidents and therefore none recorded. There was a system for recording and analysing critical incidents, and the records showed two such incidents had occurred in the year up to this inspection. Critical incidents were routinely discussed with staff at team meetings and learning shared.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

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

Effective needs assessment, care and treatment

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Explanations were given to patients in a way they understood, and risks, benefits, options and costs were explained. When patients had been referred to the practice, they liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

Orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene, diet and if the patient were a child and receiving NHS treatment an Index of Orthodontic Treatment Need score (IOTN). An IOTN score comprises of two sections, an aesthetic component and a dental health component. For patients to qualify for orthodontics on the NHS they must score above a certain level of IOTN. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure that the patient was complying with the post-orthodontic care (wearing retainers).

Once the patient and Orthodontist were satisfied with the end result of the treatment the patient was referred back to their own general dentist for ongoing dental care.

The practice had access to equipment such as intra-oral cameras, digital cameras, digital X-rays, an Orthopantomogram and a cone beam computed tomography machine to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice was a specialist orthodontic practice. Both orthodontists at the practice had undergone appropriate post-graduate training in this speciality.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

At their pre-treatment consultation patients were advised they needed to be dentally fit, that would be: no pain, swelling, decay or in need of any other dental treatment such as fillings, to undergo orthodontic treatment. Should an issue develop during their treatment patients would be referred to their own dental practitioner for treatment.

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. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act (MCA) 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy contained information on Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. This included a clear definition and assessment of Gillick competencies.

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 orthodontists 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.

Every patient met with a treatment co-ordinator who talked through treatment options using photographs, models and interactive video presentations. This gave the patients and where appropriate their parents, the opportunity to ask questions and gather information about orthodontic treatments.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

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

Records showed all staff had received an annual appraisal and completed personal development plans where appropriate.

The practice used a motivational assessment and evaluation tool with staff to identify how staff were feeling about their work, stress and relationships.

The principal orthodontist took the entire team away for three days for an orthodontic conference in October 2018. The team studied personality traits to allow for improved communications and service to their patients. They were introduced to a dental monitoring application

that allowed patients to send weekly updates on their treatment for improved and more frequent monitoring. The conference also served to aid team building. The practice manager told us the dental monitoring application had been introduced and patient feedback about its use was very positive.

Co-ordinating care and treatment

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

The practice received referrals for orthodontic treatment. We spoke to staff about the two-way communication process for these referrals and on-going care. This included acknowledging the referral, assessing and treating the patient and informing the referrer of the patient's progress. Upon completion of treatment, a detailed letter would be sent to conclude the referral. Orthodontists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services caring?

Our findings

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 very professional, calm, and amazing. We saw that staff treated patients with respect, took their time to put patients at ease and treated patients with dignity. 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 were on display in the patient information folder.

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

The practice had a child and young person's area next to reception. There were a range of toys and the room had free wi-fi and an area where patients could complete their homework if they wanted to.

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.

- The practice had access to an Interpreting service, who could provide both face to face and telephone translations. There were staff at the practice who could speak and understand Gujarati and Hindi if required.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices. 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 information leaflets provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care.

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

The practice had some patients for whom they needed to make adjustments to enable them to receive treatment. These included having ground floor treatment rooms, adapted toilet facilities and designated parking for patients with mobility issues close to the front door.

There was a charging point for patients who had electric or hybrid cars. Patients were able to use this facility free of charge.

Staff used text messaging to remind patients who had agreed to receive them when they had an appointment.

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 in the premises and included it in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. We saw an example where an existing patient with an orthodontic problem was given an

appointment at short notice. 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.

Patients confirmed they could make routine appointments easily and were rarely kept waiting for their appointment.

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. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. 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.

The practice manager told us 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 year up to this inspection. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The records showed the practice had followed their complaints policy when dealing with complaints.

The practice had a copy of the Healthwatch statement on complaints to provide further information about the complaints process.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders and managers had the capacity and skills to deliver high-quality, sustainable care. They also had the experience, capacity and skills to deliver the practice strategy and address risks to it. We saw examples where leaders and managers had the vision to develop the practice and its staff. For example, on the day of the inspection all staff were involved in the first of a two-day training course with an external speaker.

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

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy if applicable

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The patient information folder contained the core values for the practice which included courtesy and respect. The folder also contained the General Dental Council's nine principles for meeting standards.

Culture

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

Staff stated they felt respected, supported and valued. Staff were proud to work in the practice. The practice focused on the needs of patients. Managers acted on behaviour and performance inconsistent with the vision and values.

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. The practice had a duty of candour policy, and the practice

manager showed a clear understanding of the principles that underpinned it. The practice manager gave an example of where action had been taken in relation to 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

Staff knew the management arrangements and their roles and responsibilities. Staff spoke very positively about the practice and the management of the practice. Every member of staff told us they felt highly valued and supported.

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.

There were clear and effective processes for managing risks, issues and performance.

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, comment cards and verbal comments to obtain staff and patients' views about the service. The latest information from January 2019 showed that 35 patients had responded and provided positive feedback.

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.

The practice displayed patient feedback and comments in a folder in the waiting room.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Learning points were identified and an action plan was produced when applicable.

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 completed 'highly recommended' training as per the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their continuing professional development to meet the professional standards.