

Wirral Ortho Ltd

Lakeside Orthodontics

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 14 February 2024 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Lakeside Orthodontics is in West Kirby and provides NHS and private orthodontic dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist who is an orthodontic specialist, 6 dental nurses, 3 orthodontic therapists (one of whom is also a dental hygiene therapist), 1 practice manager, a compliance manager and an accounts manager. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, 2 dental nurses, 1 orthodontic therapist, the practice manager and the compliance manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Tuesday 8am to 5.30pm (with occasional late appointments on Tuesdays by prior arrangement with the practice)

Wednesday, Thursday and Friday 9am to 5.30pm

Saturdays by prior arrangement with the practice.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: 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, ensuring procedures are followed consistently, and checking equipment is validated and maintained in line with manufacturer's instructions.

Summary of findings

- Improve the practice's processes 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.
- Take action to risk assess and ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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 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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We saw systems developed by the team to identify any safeguarding concerns and staff showed how these were acted on in a timely way. We highlighted the policy should specify the designated safeguarding lead and the local contacts displayed should be checked to ensure these are up to date. We signposted them to additional resources to support the safeguarding systems.

The practice had infection control procedures displayed in the decontamination room which reflected published guidance. However, staff did not consistently follow these procedures. Some staff reprocessed instruments in the treatment rooms where designated instrument cleaning sinks were not available. We discussed the benefits of staff using the purpose-built facility to support consistent processes to be followed. The last audit of infection prevention and control was completed in February 2023. We highlighted that these should be 6 monthly.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Water temperatures were monitored, and these were in the accepted range. We highlighted lesser used taps should be flushed weekly and documented.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. However, the practice did not have a system to risk assess clinical staff where their immunity to Hepatitis B was unknown. The manager assured us this would be addressed.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. However, staff did not always follow manufacturer's instructions in relation to the autoclave. In particular, ensuring biological and air filters were changed at designated intervals; and whilst the autoclaves were serviced at the required intervals, pressure vessel inspections were not. The practice took immediate action to address this.

The management of fire safety was effective. A fire safety risk assessment was carried out in line with the legal requirements and the recommendations had been acted on. Staff had completed fire safety awareness training. They carried out checks of smoke detectors and participated in fire drills. We highlighted no checks were carried out of the emergency lighting. The manager confirmed this would be addressed and rectified.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw the provider acted on recommendations from their radiation protection advisor.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. Staff were aware of sepsis but had not completed any formal training. There were sepsis

Are services safe?

prompts for staff or patient information posters displayed in the practice. We highlighted that the displayed process for staff to follow in the event of an inoculation injury was not up to date. The manager confirmed they were in the process of establishing arrangements with local services to enable staff to access appropriate care and advice in the event of a sharps injury and provided assurance the information provided to staff would be updated once in place.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had obtained safety data sheets of substances used that are hazardous to health. However, risk assessments had not been carried out to ensure staff followed manufacturer's instructions to minimise the risk that could be caused from these substances. The manager confirmed this would be addressed.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Track record on safety, and lessons learned and improvements

The practice had systems for staff to report incidents and accidents. There had been no incidents in the past 12 months. The practice manager was unsure if there was a process to follow in the event of an incident occurring. We discussed that a clear process should be in place to ensure any incidents are investigated and learned from to prevent reoccurrence.

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

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 the specialist orthodontist carried out patient assessments in line with recognised guidance from the British Orthodontic Society. Clear instructions were provided to orthodontic therapists.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Staff demonstrated how to care for orthodontic appliances and maintain good oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives. Oral health care products were on sale. Treatment-specific information leaflets were available to patients as recommended by the dentist, upon request or these could be downloaded from the practice website.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate. Detailed treatment plans were provided, and staff made sure they had enough time to explain treatment options clearly. Patient feedback confirmed this.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff described how they supported patients with additional needs to receive the appropriate treatment.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff confirmed the practice supported them to complete additional training to broaden the skill mix of the team.

Newly appointed staff had a structured induction and clinical staff completed 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontics, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 2 patients. These and additional patient feedback we reviewed provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming, attentive, and supportive throughout their treatment journey.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. We highlighted signage could be improved to inform patients of its use and who to speak to if they have any requests or concerns.

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 gave patients clear treatment specific leaflets and information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and intra-oral scan images.

Are services responsive to people's needs?

Our findings

We found 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with access requirements, including wheelchair access, a ground floor treatment room and accessible bathroom facilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information in the premises, on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs in accordance with British Orthodontic Society recommendations. Patients had enough time during their appointment and did not feel rushed.

We highlighted how the practice could provide information on their website and answerphone about what to do if patients had an issue with their orthodontic appliance when the practice was not open.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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 with emphasis on peoples' safety and continually striving to improve.

During the inspection, staff were open to discussion and feedback. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues, action was taken to address these immediately.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice governance system was in the process of being revised with the support of the compliance manager. This included policies, protocols and procedures that were accessible to all members of staff. We highlighted these should be amended to reflect the systems and nominated leads in the practice, ensuring information displayed for staff is up to date. In particular, incident investigation processes, safeguarding local contacts and inoculation injury protocols.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, orthodontic appliance breakages and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We discussed the infection prevention and control audit should be completed six-monthly. The practice manager confirmed this would be addressed.