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# Octagon Orthodontics

## Inspection Report

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### Overall summary

We carried out this announced inspection on 17/07/2018 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**

Octagon Orthodontics provides private orthodontic treatment to patients of all ages. The practice rents a treatment room from another dental provider and has unrestricted use of the premises and facilities.

The dental team includes two specialist orthodontists, two orthodontic therapists and a trainee dental nurse who work at the provider's main business location in High Wycombe when they are not running a clinic at Beaconsfield.

The practice has one treatment room.

# 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 four CQC comment cards filled in by patients. The practice was closed which meant we were unable to speak to patients.

During the inspection we spoke with a trainee practice nurse and one of the practice managers.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open once a month on a Monday from 2pm to 7pm and twice a month on a Wednesday from 9am to 7pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- The practice had systems to help them manage risk.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had suitable information governance arrangements.

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

- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the fire safety management to ensure it is effective.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### 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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



### Are services effective?

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

The dental practitioners assessed patients' needs and provided care and treatment in line with recognised guidance.

Patients described the treatment they received as reassuring, professional and responsive. The dental practitioners discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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 four people. Patients were positive about all aspects of the service the practice provided.

They said that they were given treatment in a friendly way. Options were fully discussed and they were confident their dental practitioners listened to them.

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

No action



### 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 was efficient and met patients' needs.

Staff considered patients' different needs. This included providing facilities for families with children.

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

No action



# Summary of findings

## 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.

The practice 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.

Recruitment procedures were operated to ensure only fit and proper persons were employed.

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including Staff recruitment, Equipment & 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We were told that clinical staff mostly treated children. This prompted their safeguarding training to be level three. We have since received evidence which confirms these shortfalls are being addressed.

There was 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.

The practice also had systems in place to support adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at three staff recruitment records and found that improvements were required to the practice referencing process. We have since received photographic evidence which confirms these shortfalls have been addressed.

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

The practice generally ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted cubicle doors in the male toilet did not close, carpeting to the stairs was frayed, a decommissioned autoclave was not labelled to reflect this, the decontamination room did not contain a hand washing sink, oxygen signs were missing from the door to the room containing a cylinder, general waste bins to the rear of the building were not locked or secured to a fixed point. We have since received photographic evidence which confirms these shortfalls have been addressed.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. We noted that the knowledge of fire safety management fell short of required standard for the fire wardens. We have since been provided evidence to confirm training has been booked for four staff members.

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.

We saw evidence that the dental practitioners justified, graded and reported on the radiographs they took. Records seen confirmed that dental practitioners at 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 up to date and 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.

# Are services safe?

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. We noted that staff were either protected or going through a course of vaccinations.

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

Staff kept records of their checks to make sure emergency medicines and equipment were available, within their expiry date, and in working order.

A dental nurse worked with the dental practitioners and was available to support the orthodontic therapist as requested when they treated patients in line with GDC Standards for the Dental Team.

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. 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 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 in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had records of water testing and dental unit water line management were in place. We noted the Legionella risk assessment was not effective. We have since seen evidence which confirms that an assessment has been booked for 8 June 2018.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

The practice 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 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 dental practitioners 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 accurate, complete, and legible and were kept securely and complied with data protection requirements.

## **Safe and appropriate use of medicines**

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

## **Track record on safety**

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues.

## **Lessons learned and improvements**

The practice staff told us they would learn and make improvements should things go wrong.

Staff told us they were aware of the Serious Incident Framework but had not had any accidents or incidents for some considerable time. During our inspection we found a number of insecure patient record card folders. We spoke with the provider, practice manager and business manager who immediately secured the folders and began their significant event protocol. We have been send documents of the analysis of this event together with records of a staff meeting where this was discussed.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### **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 needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice had a selection of dental products for sale and provided health promotion booklets 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 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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. Staff were aware of the need to consider this when treating young people less than 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental practitioners assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dental practitioners recorded the necessary information.

### **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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### **Co-ordinating care and treatment**

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

# 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 friendly and helpful. They said that they were given excellent care and would highly recommend them.

### **Privacy and dignity**

Practice staff told us they respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality.

The practice did not hold any patient records at the premises instead they transported each day's patient records from the provider's main location and returned these at the end of the session.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care. Staff were aware of the requirements under the Equality Act.

Interpretation services were available for patients who did not have English as a first language.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them.

The practice's website, information leaflets and treatment information magazines 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**

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

The practice had made reasonable adjustments for disabled and older patients with mobility impairments. This included a disabled person's parking space, step free access into the ground floor of the building, a hearing loop, accessible toilet with hand rails and a call bell.

Staff were clear on the importance of emotional support needed by patients when delivering care. A Disability Access audit had been completed by the practice. We were told the orthodontists would treat patients in a ground floor treatment room if stairs were a barrier.

### **Timely access to services**

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

The practice displayed its opening hours on the patient website.

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

### **Listening and learning from concerns and complaints**

We looked at comments, compliments and complaints the practice received.

Patient information showed a complaint would be acknowledged within two days and an investigation would take place within 20 days.

The practice manager told us they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

The business manager was responsible for dealing with these. Staff told us they would tell them 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.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principle orthodontist had the capacity and skills to deliver high-quality, sustainable care.

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

The practice had effective processes to develop leadership capacity and skills.

### Vision and strategy

There was a clear vision and set of values.

### Culture

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

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

The practice focused on the needs of patients.

The principle orthodontist acted on behaviour and performance inconsistent with the vision and values and was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to 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 principle orthodontist had overall responsibility for the management and leadership of the practice. Three managers had responsibility for specific areas of the business. Staff knew the management arrangements and their roles and responsibilities.

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

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

### 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 comments, suggestions, patient surveys and online feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on.

The practice gathered feedback from staff 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.

### Continuous improvement and innovation

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

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.

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

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

The General Dental Council also requires clinical staff to complete continuing professional development.