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Saltaire Orthodontics

Inspection report

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Overall summary

We carried out this announced focused inspection on 28 June 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 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:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. Improvements should be made to the process for testing the ultrasonic bath to ensure it is in line with manufacturers guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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.

Summary of findings

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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.

Background

Saltaire Orthodontics is in Saltaire and only provides orthodontic care and treatment for adults and children.

Currently the practice is not fully accessible for wheelchair and pushchair users. Improvements are in progress and planned for completion by the end of July 2022 which will enable accessibility by wheelchair and pushchair users. Car parking spaces are available on the street outside the practice and a nearby car park.

The dental team includes, two orthodontists, two dentists with special interests in orthodontics, four dental nurses, an orthodontic therapist, a deputy practice manager, a practice manager and a receptionist.

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

The practice is open:

Monday, Wednesday and Friday from 8am to 5pm

Tuesday and Thursday from 10am to 6.30pm

Saturday from 8am to 12pm

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. However, we noted that the ultrasonic activity test (foil test) was not carried out in line with manufacturers guidance. We discussed this with staff and were assured that it would be amended.

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

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place. These reflected the relevant legislation.

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. Where this was not possible appropriate risks assessments were in place.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

A recent fire risk assessment was carried out in line with the legal requirements, new recommendations had been made which were presently being actioned by the provider. The management of fire safety was effective with regular weekly system checks and fire training and drills in place.

Risks to patients

Emergency equipment and medicines were available and checked as described in recognised guidance.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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.

Are services safe?

Safe and appropriate use of medicines

The specialist orthodontist and orthodontic therapist were aware of current guidance with regards to prescribing medicines and they confirmed the entire practice had reliable systems for appropriate and safe handling of medicines. Staff told us there was a rare need to prescribe medicines within orthodontic practice and patients would be referred back to their general dentist should the need arise.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. 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 provided orthodontic treatments and had systems to keep dental practitioners up to date with current evidence-based practice. The specialist orthodontists carried out detailed assessments and treatments were provided in line with recognised guidance.

Patients were recalled at suitable intervals for reviews of the treatment.

We spoke with orthodontic staff who described to us the procedures they used to support the specialist orthodontists within the practice. They told us the orthodontic therapists worked under supervision and a full prescription which was within their scope of practice.

The practice had an Orthopantomogram (OPG) machine which gives a 2-dimensional representation of the upper and lower jaws. This machine could also take a cephalogram for use in orthodontic treatments to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff told us that they had additional in-house training to undertake additional tasks such as making moulds or retainers. We noted that the record of training completed was not detailed enough and not signed by staff. The provider told us that this would be addressed immediately.

Newly appointed staff had a structured induction training 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.

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 practice demonstrated a transparent and open culture in relation to people's safety.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. The practice supported staff to develop their careers and staff had progressed to dental nurses with additional duties and orthodontic therapists within the group.

Culture

Staff discussed their training needs during annual appraisals. 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 governance and management.

The practice 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.

We saw there were 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and demonstrated commitment to acting on feedback.

The practice had a daily meeting 'huddles' with all staff throughout the group together. This was held at the beginning of the day. This gave the opportunity for staff to clarify problem areas and ask questions daily. Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning and improvement. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of orthodontic outcomes, orthodontic breakages, orthodontic dental care records, infection control and x-rays.