

Mr. Stephen Carter

# Chorley Orthodontic Suite

## Inspection Report

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Date of inspection visit: 18 July 2017  
Date of publication: 31/07/2017

### Overall summary

We carried out this announced inspection on 18 July 2017 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 remotely 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**

Chorley Orthodontic Suite is situated in the centre of Chorley and provides private and NHS orthodontic treatment for adults and children aged 11-18 years.

The treatment rooms are located on the first floor of the premises and alternative services are recommended to patients who require ground floor access. There is a public car park near to the practice.

The dental team includes three orthodontists (a principal, an associate and an assistant), one orthodontic therapist, five dental nurses and two receptionists.

# Summary of findings

The practice is owned by an individual who is the principal orthodontist. 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. This information gave us a positive view of the practice.

During the inspection we spoke with the principal orthodontist, a dental therapist, two dental nurses and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday - Thursday 8:30am-4:30pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice 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.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

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

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

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 orthodontists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as nice, effective and friendly. The staff 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.

The practice 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 four people. Patients were positive about all aspects of the service the practice provided. They told us staff were thoughtful and always helpful.

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

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. Patients could get an appointment promptly if required.

No action



# Summary of findings

Staff considered patients' different needs. This included providing facilities for families with children. The practice had access to interpreter services 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 quickly and constructively.

## 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 stored securely.

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.

**No action**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff.

### Reliable safety systems and processes (including safeguarding)

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.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using sharp dental instruments.

### Medical emergencies

Staff knew what to do in 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.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the

relevant legislation. Only one member had been recruited in the last few years. We looked at their recruitment file. This showed the practice followed their recruitment procedure.

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

The provider used the skill mix of staff in a variety of clinical roles, for example, the orthodontists, orthodontic therapist and dental nurses, to deliver care in the best possible way for patients. All dental nurses had enhanced skills training in radiography.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the orthodontists and orthodontic therapists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. 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 every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However the ventilation into the decontamination room was not sufficient and cleaning equipment was stored in this area. The provider confirmed these areas would be addressed.

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

# Are services safe?

The practice had reviewed the possibility of Legionella or other bacteria developing in the water systems and took measures to reduce the risk.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

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 orthodontists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance and legislation.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for patients**

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.

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

### **Health promotion & prevention**

The practice had an information leaflets for health promotion and dental products for sale to help patients with their oral health.

### **Staffing**

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

Staff told us they discussed training needs with the principal orthodontist. We saw evidence of discussions and supported appraisals.

### **Working with other services**

The principal orthodontist confirmed they referred patients to a range of specialists in primary and secondary. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal orthodontist told us they 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 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 Gillick competence and the clinical staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were helpful, friendly and staff went out of their way to reassure and make them feel comfortable. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The practice waiting rooms provided a choice of different seating types for the comfort of the patients. There were a range of different magazines in the waiting areas and play area with toys for children to play with.

A comprehensive information folder and thank you cards were available for patients to read.

### **Involvement in decisions about care and treatment**

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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Each treatment room had a screen so the clinical staff could show patients photographs, videos and X-ray images when they discussed treatment options.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Promoting equality

The practice made reasonable adjustments for patients with different needs. These included step free access to the ground floor, grab rails and a hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs if required.

### Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing discomfort on the same day. The information leaflet and answerphone provided telephone numbers for patients needing emergency orthodontic assistance when the practice was not open.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Staff told us they would tell the principal orthodontist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal orthodontist 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 at the practice received in the last 12 months. These showed the practice responded to comments appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice. Some of the staff had specific roles and responsibilities and we saw staff had access to suitable supervision and support for these.

Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### **Leadership, openness and transparency**

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us principal orthodontist was approachable, would listen to their concerns and act appropriately. We saw several examples demonstrating clear lines of communication and team work.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate, meetings were arranged to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process resulted in improvements.

The practice was committed to learning and improving. We saw evidence of learning from incidents, audits and feedback.

Staff had appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients an opportunity to provide feedback on NHS services they have used. The most recent results the practice achieved showed 100% of patients who would recommend the practice to others.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.