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# Perfectalign, Preston

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 20 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

The practice offers primarily NHS dental orthodontic care to children and private funded care to adults and children.

The practice is open Monday from 9am to 5.30pm and Wednesday 9am until 6.30pm. On Tuesday and Thursday the practice is open from 9am to 4pm. The practice closes between 12.45pm to 1.30pm for lunch. No service is provided on a Friday.

There is one orthodontist, three dental nurses, one oral health educator/receptionist, a further receptionist and a practice manager. The practice was taken over by the present provider in April 2015. Since taking over the practice has undergone a total refurbishment with some outstanding work remaining. We saw plans for the next phase of the refurbishment which included the main surgery and the reception area.

The principal orthodontist is the registered person for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from patients about the service via 20 Care Quality Commission (CQC) comment cards. All the comments were positive about the staff and the services provided. Comments included: staff are helpful, understanding and provide a great service.

# Summary of findings

## **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in line with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment and no concerns were identified.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the treatment room or in another private room.

Comments on the 20 completed CQC comment cards we received included statements saying the staff were helpful and understanding, great service and pleasant staff and all staff were excellent.

### **Are services responsive to people's needs?**

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

# Summary of findings

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Perfectalign, Preston

## Detailed findings

### Background to this inspection

The inspection was carried out on the 20 January 2016 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the principal orthodontist, two dental nurses, the practice manager and two patients. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 20 completed CQC comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. The practice used their policies and procedures when recording incidents and accidents. The manager told us that the policies and procedures were up dated annually or whenever any changes were required.

The practice used a complaints policy to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The manager told us that any learning from the complaints was shared at practice meetings.

The orthodontist was aware of their responsibilities under the duty of candour. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

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

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team,

social services and other relevant agencies. The orthodontist was the lead for safeguarding. All staff were trained to level three in respect of safeguarding children. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children within the last 12 months.

Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

We reviewed a selection of patients' dental records. They were completed in accordance with the guidance provided by the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record that medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

We saw that fire safety training was planned and the practice had undertaken a fire risk assessment. The fire extinguishers and emergency lighting were also checked annually.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated

# Are services safe?

that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. We checked the emergency medicines and found that they were of the recommended type and were in date. However we found that there was not a stock of Midazolam in the emergency drug box. Midazolam belongs to a group of medicines called benzodiazepines, which are used to treat a number of different conditions, including seizures. The manager explained that the old bottle had become out of date and a new bottle was ordered whilst we were on the premises.

## Staff recruitment

We saw that the practice followed their recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise.

## Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed annually. The practice was reviewing and updating their Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous

substances in a practical way. We saw that the manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

## Infection control

The practice had an infection control policy which was reviewed annually and staff indicated that they had read the policy each year.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. A dental nurse was the lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification to ensure they were perfectly clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported to and from the surgery and the decontamination room in closed boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.

# Are services safe?

We saw that the practice had completed an infection control audit in November 2015 and achieved 99.0%.

We saw from staff records that all staff had received infection control training.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Liquid soap and towels were also available in the toilets. We saw that the sharps bins were being used and were located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The orthodontist was the lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report. There were no concerns identified. The practice undertook monthly test of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

## Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the PAT test certificate was in date. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Other than emergency medicines, no other medicines were kept at the practice.

## Radiography (X-rays)

The practice had a radiation policy. The practice was in the process of fitting new x-ray equipment. Although the equipment was on site it was not in use at the time of our inspection. If patients required an x-ray during this time they were referred to another dental practice situated close to the Beeches.

As the x-ray system had not been commissioned there was no radiation protection file in place. We saw that the dental nurses were up to date with their continuing professional development training in respect of dental radiography. However the orthodontist's IRMER Certificate was 12 months out of date. They explained it was an oversight on their part as they thought it was due for renewal this year. The orthodontist told us they would update their training before they commenced using the new x-ray system.

We saw that the practice had a maintenance log for their old x-ray equipment which had been removed from the premises. This showed that the X-ray machines had been serviced regularly. We saw the results of the last annual X-ray audit which was in accordance with the Faculty of General Dental Practice (FGDP) guidance. The orthodontist was aware of the requirement to maintain audit of the grades of x-rays when the new system was operational.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the orthodontist told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed, that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment.

There was a member of staff trained as an oral health educator should patients need further advice and support in maintaining good oral health. Patients were invited to training sessions in the practice to discuss the care of their device. Oral health education treatment was delivered in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. The orthodontist told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for teeth alignment. We saw from the dental records that these discussions took place and the options chosen were recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as general dental treatment or extraction were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

Staff advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. The records we reviewed confirmed this.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had annual appraisals. They also told us that there was an open communication policy in the practice which encouraged them to speak to the principal dentist or the manager at any time.

Staff told us that they worked well as a team and covered for each other when colleagues were absent for example, because of sickness or holidays.

### Working with other services

The orthodontist explained that they would refer patients to other dental specialists for minor oral surgery and general dental treatment when required. The referrals were based on the patient's clinical need. There was a standard template used by the practice for this purpose.

### Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dental staff

## Are services effective?

(for example, treatment is effective)

demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages

and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 20 completed CQC comment cards we received included statements saying the staff were helpful, understanding and provided an excellent service all round.

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

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The staff we spoke with understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times of the practice. Information was also available explaining the practice's complaints procedure. The manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

The practice is open Monday from 9am to 5.30pm and Wednesday 9am until 6.30pm. On Tuesday and Thursday the practice is open from 9am to 4pm. The practice closes between 12.45pm to 1.30pm for lunch. No service is provided on a Friday. Patients in need of urgent orthodontic care during normal working hours would be offered same day appointments or asked to attend the surgery when the first appointment was available.

If patients needed advice out of hours or when the practice was closed they were given the telephone number of the NHS Orthodontic service at the local NHS Hospital.

### Tackling inequity and promoting equality

Due to the age and structure of the building it was not fully disability friendly. There was a surgery on the ground floor and there was a portable ramp to assist patients up the small steps in the reception of the practice. New patients were told about the access when they first made an enquiry at the practice. However the surgery was undergoing refurbishment and the manager explained that the reception was to be redesigned and the step removed. We saw plans which confirmed this.

We saw that the practice had an equality and diversity policy and staff had received equality and diversity training within the last 12 months. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would usually be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS Orthodontic service.

We were told that access and acceptance to the practice was via the patients' own dental practitioner who referred the patient. Waiting times for treatment at Perfectalign depended on the age of the patient and the urgency of the problem. Orthodontic treatments were not usually offered until the patient was over the age of 12 years.

### Concerns & complaints

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. We saw that the practice had not received any complaints in the last 12 months

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. This system was purchased from a specialist provider who continued to provide outreach information and support. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

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

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the manager. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The manager and staff who we spoke with told us that they felt fully supported by the orthodontist.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given there were opportunities for additional training if needed.

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

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The practice also undertook their own patient survey and asked for comments to be recorded on their web page. All respondents in these surveys were positive about the care and treatment patients received. All the CQC comment cards were complimentary about the services.

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.