Osborne Orthodontics Ltd

Osborne Orthodontics / Osborne Family Dentists - North Shields

Inspection Report

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Overall summary

We undertook a focused inspection of Osborne Orthodontics / Osborne Family Dentists – North Shields on 30 April 2019.

This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Osborne Orthodontics / Osborne Family Dentists – North Shields on 27 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well-led care and was in breach of regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Osborne Orthodontics / Osborne Family Dentists – North Shields on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it safe?

• Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvements were required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 November 2018.

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 27 November 2018.

Background

Osborne Orthodontics is in North Shields and provides NHS and private treatment to adults and children. Most of treatment provided within the practice is orthodontic although a small amount of general dentistry is also carried out. The dental practice is on the first floor of a shared building. Access to the first floor is via a staircase and this is made known to patients in the practice leaflet. Car parking spaces are available near the practice. There is one large treatment room with two dental chairs and an office area within. A decontamination and X-ray room are adjoined to the treatment room. There is a separate reception and waiting area.

The dental team consists of two principal dentists (one of whom is a specialist orthodontist), two dental nurses, a decontamination assistant, a practice manager who is also a qualified dental nurse, and two receptionists.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Osborne Orthodontics is one of the principal dentists.

During the inspection we spoke with one of the principal dentists, a dental nurse and the practice manager.

The practice is open for treatment between 9am and 8pm Monday to Saturday on a "by appointment only basis".

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

Our key findings were:

- The practice had more efficient leadership in place.
- Medical emergency drugs and equipment were now available in accordance with national guidance.
- The systems to help manage risk to patients and staff had mostly improved. The provider had not implemented all of the recommendations from their fire risk assessment.
- The provider had improved their staff recruitment procedures. They needed to review their systems to make sure they undertook all required checks.
- The system to monitor staff training was not robust.
- Policies were re-written and updated where applicable.
- The practice had closed-circuit television (CCTV) on the premises; a policy had been created. There was no data protection impact assessment in place.
- Improvements were found in some of the practice's audit and quality assurance processes; these were inconsistent.
- Most issues identified during our inspection on the 30 April 2019 were addressed promptly.

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's protocols for ensuring that all clinical staff have adequate professional indemnity and immunity for vaccine preventable infectious diseases.
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

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

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

The practice had improved their systems and processes to provide safe care and treatment.

Medical emergency drugs and equipment were now available in accordance with national recommendations.

Staff knew how to recognise the signs of abuse and the practice's safeguarding policy contained sufficient contact information for adult referrals. The provider ensured that all staff had undergone safeguarding training; this was not to the appropriate level for all members of staff.

Staff were qualified for their roles. The provider completed all essential recruitment checks for a new employee. They needed to review their systems for checking professional indemnity.

The provider had reviewed most of their systems to identify and manage all risks on-site. For example, they ensured hazardous substances were risk assessed, lone workers were risk assessed for safety and new risk assessments for fire and Legionella were completed.

The provider did not complete risk assessments for a clinical employee whose immune status to Hepatitis B was unknown, nor complete all the recommended actions from the fire risk assessment.

Concerns identified during our inspection on the 30 April 2019 were addressed promptly. For example, the provider arranged for the completion of the recommendations from the fire risk assessment and carried out a risk assessment for the clinical employee whose immune status to Hepatitis B was unknown.

Are services well-led?

No action

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

Improvements were made to the overall management of the service and to some of the risk management systems within the practice.

The provider had set aside protected staff time for management and administration duties and clear roles and responsibilities for all the practice team were established.

Practice policies were updated and given to staff for them to read and sign. Risk assessments were undertaken for fire, Legionella, hazardous substances. Improvements were found in the practice's recruitment procedures.

The provider should review their governance and management systems to make sure they are robust and enable continuous improvement.

The monitoring of staff' training and development was not robust.

Summary of findings

The provider had not recognised and did not have an effective system to highlight their infection prevention and control and orthodontic audits were overdue.

Are services safe?

Our findings

At our previous inspection on 27 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 30 April 2019 we found the practice had made the following improvements to comply with the regulations:

- Recruitment procedures were completed adequately for staff, in particular for a recently employed dental professional. Each staff file had an index checklist to ensure all procedures were completed appropriately. We saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check, references, photo identification, evidence of qualifications, registration, indemnity insurance and employment history prior to employment.

Protocols for obtaining checks of immunisation status of clinical staff were in place. A risk assessment was not carried out for a recently employed clinical staff member where their immune status could not be confirmed. This was sent to us the following day.

The indemnity protection for this member of staff had recently expired and the provider did not have processes in place to identify this. The member of staff already had received their new indemnity and the provider assured us they would review their systems to check this.

- A robust induction system was now in place. We were shown an induction document had been completed and signed by the most recent employee.
- Following our previous inspection, staff demonstrated knowledge in safeguarding children and vulnerable adults. Dedicated folders were now up-to-date, and all staff had undergone training in level 2 safeguarding apart from one receptionist. The receptionist was unable to attend the level 2 training and had not completed the recommended level 1 training to date. The safeguarding leads had still not undergone level 3 training as they were booked on a course in June 2019. We received confirmation that the safeguarding leads had completed level 3 safeguarding training on-line the following day.
- A Legionella risk assessment had been completed by an external company in December 2018. We found all the recommendations had been actioned and appropriate control measures were now in place.
- A fire risk assessment had been undertaken by an external company in November 2018. This recommended battery-operated fire alarms, signs and fire notice to be displayed, self-closers on doors, new paint, clearing out the store room, staff training in fire, additional training for those appointed as fire marshals, undertaking regular fire drills, plug-in torches, portable appliance testing and considering of replacing a door. We found the provider had placed one sign up, purchased plug-in torches and staff had fire training by the practice manager which did not cover the aspects recommended by the risk assessor. The provider had not recognised that all other recommendations were yet to be actioned. We received confirmation the following day that fire training was booked for those required including for fire marshals, signs were in place, self-closers were added to doors, battery operated fire alarms were placed appropriately, the store room had been cleared out and a fire notice was now displayed. We were assured this was an oversight and the practice manager would arrange for portable appliance testing and review any outstanding actions. A fire drill was carried out the following day.
- The provider had completed risk assessments for all hazardous substances held on-site in line with the Control of Substances Hazardous to Health Regulations 2012 (COSHH).
- The provider demonstrated knowledge on the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- There was suitable equipment and drugs to deal with medical emergencies. Items missing at our inspection on 27 November 2018 were promptly ordered and a system was now in place to ensure their expiry dates were checked.

The provider had also made further improvements:

- X-ray equipment had been appropriately tested and maintained.
- Cleaning materials and equipment were appropriately stored.

Are services safe?

These improvements showed the provider had taken action to comply with the regulations when we inspected on 30 April 2019.

Are services well-led?

Our findings

At our previous inspection on 27 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 30 April 2019 we found the practice had made the following improvements to comply with the regulations:

- Management and governance systems were reviewed and made to be more effective. Protected time was provided for the practice manager to ensure they could carry out their duties appropriately.
- The practice manager ensured all policies were reviewed, made practice specific and read and signed by staff. They had made provision for an annual review process.
- An effective system was now in place to carry out recruitment procedures to eliminate the risks to staff and patients. The provider should review their systems for carrying out risk assessments for clinical staff whose immune response to Hepatitis B is unknown, and for checking all staff have adequate professional indemnity.
- The provider arranged for Legionella and fire risk assessments. The provider did not ensure all actions recommended by the fire risk assessment were implemented to provide safety to staff and patients. These were addressed the following day.
- Other risks were assessed, including the safety of lone workers and hazardous substances.
- The system to monitor staff training was not robust. During the inspection on the 30 April 2019, the provider could not demonstrate they were monitoring their staff' training in medical emergencies, X-rays, infection prevention and control and safeguarding vulnerable adults and children. We were shown a template for a training matrix which did not identify which staff member it was referring to and was incomplete. The team had undergone a core subject training day in October 2018 and also a personal development training day in January 2019. We received confirmation the following day that infection prevention and control training was booked for those required.
- Audits of radiographs were carried out with analysis of the results, resulting action plans and improvements. The practice had not carried out an infection prevention and control audit since May 2018 nor had carried out their orthodontic audit which was due in April 2019. We received confirmation that the infection prevention and control audit had been completed the following day with details of the actions to be undertaken.
- The provider had received a large number of complaints in relation to their waiting times. They told us during our inspection on 27 November 2018 they had installed a new software which could analyse this and that they would carry out an audit. This was not actioned until following the inspection on 30 April 2019. We were sent the results of the audit but not the analysis or the action plan.

The practice had also made further improvements:

- A disability access audit was carried out and plans for improvement in future were documented.
- A new policy for the closed-circuit television (CCTV) was created. A data protection impact assessment had not been carried out in line with the General Data Protection Regulation, (GDPR) requirements. This was sent to us the following day.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 30 April 2019.