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Herts Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 25 February 2020 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

Herts Orthodontics is a well-established practice that offers both private and NHS orthodontic treatment to adults and children. The dental team includes four orthodontists, an orthodontic therapist, 4 qualified dental nurses, one of whom is the practice manager, 1 sterilisation nurse and 1 trainee dental nurse and reception staff. There are three treatment rooms. The practice is not wheelchair accessible as it is sited on an upper floor above a GP practice. There is parking in local car parks nearby.

Summary of findings

The practice is open on Mondays, Wednesdays and Fridays from 9am to 5pm, on Tuesdays from 8am to 5pm and on Thursdays from 9am to 6.30pm.

The practice is owned by an individual who is the principal dentist 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 45 CQC comment cards filled in by patients. We spoke with the practice manager, one orthodontist, one orthodontic therapist, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The provider had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- The practice had effective leadership and staff worked well as a team. Staff felt respected, supported and valued.
- The principal dentist asked staff and patients for feedback about the services they provided
- Waiting times were lengthy, with nearly a 20 month wait before treatment commenced.

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

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

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?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

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 manager told us of two patient concerns where staff had contacted local protection agencies for advice, demonstrating they took safeguarding matters seriously.

The practice manager was the appointed lead for safeguarding concerns and there were safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available around the practice, including in the patient toilet, making it easily accessible to staff and patients.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

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

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the most recently recruited employee, which showed the practice had followed their policy.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook timed fire drills every six months. The recommendation from the practice's fire risk assessment to have a sensor in the decontamination room had been implemented. The practice manager had provided additional training for staff to ensure they knew where the practice's gas supply and water stop cock were located in case of emergency.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The X-ray machine had been fitted with a rectangular collimator to reduce patient exposure. Clinical staff completed continuing professional development in respect of dental radiography. However, we noted that the orthodontists did not always justify, grade and report on the radiographs they took.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken and staff followed relevant safety laws when using sharps. Sharps' bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance, although the practice should consider obtaining paediatric pads for the automated external defibrillator given its patient demographic. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This was refreshed every six months to keep staff's skills and knowledge up to date.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets and risk assessments for the materials used within the practice.

Are services safe?

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 and Social Care. Staff carried out infection prevention and control audits and the latest audit showed the practice was meeting the required standards.

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 was validated, maintained and used in line with the manufacturers' guidance.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment's recommendation to update the practice's written scheme to include the names and positions of staff had been implemented.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice and clinical waste bins were stored securely.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team. We saw evidence of this in the staff meeting minutes we reviewed.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required. Staff were aware of recent alerts affecting dental practices.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 45 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

The practice had systems to keep clinicians up to date with current evidence-based practice. The orthodontists carried out patient assessments in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which was used to determine whether patients were eligible for NHS orthodontic treatment. Patients' oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

We viewed the practice's NHS Dental Services Orthodontic Monitoring report which stated the practice demonstrated 'a very good standard of orthodontic treatment' and satisfied all relevant criteria. However, we noted that better recording was needed in relation to the new periodontal codes as recommended by the British Society of Periodontology, and that some written dental records were difficult to read.

Staff had access to an intra-oral scanner and OPG unit to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Two staff had undertaken oral health educator courses and patients were offered a free 30-minute appointment with a nurse if they were struggling with their oral hygiene. The practice participated in national oral health campaigns and staff had visited a local school to deliver oral health advice.

There was a selection of dental products for sale to patients including mouthwash, toothbrushes, retainer boxes and floss. We noted a poster in the waiting area displaying information about sugar and children's 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 had undertaken a specific audit in 2019 to ensure that consent was obtained, and a risk form was given to all patients prior to their treatment commencing.

The orthodontists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians 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 might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

A dental nurse worked with the orthodontist and the orthodontic therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

The practice was a referral clinic for orthodontic treatment and we saw staff monitored and ensured the orthodontists were aware of all incoming referrals daily

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as helpful, understanding and caring. One parent told us staff had worked well with their child who had autism. Staff gave us specific examples of where they had gone out of their way to support patients such as fitting retainers early so that patients could go on holiday or attend their school prom and telephoning dental phobic patients to check on their welfare. Each year staff helped raise money for a local hospice.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. Patients' written dental records were kept in a locked filing cabinet behind reception, although we noted that named orthodontic models and treatment boxes were kept in an unlocked cupboard in a communal area.

All consultations were carried out in the privacy of the treatment room, although we noted one treatment room door was left open, compromising the patients' privacy.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place warning patients of its use.

Involving people in decisions about care and treatment

The practice's website provided useful information to patients on orthodontic appliances and procedures. This included videos that patients could watch in relation to the care and maintenance of their braces. Leaflets were available giving patients information on a range of orthodontic appliances.

The orthodontists used intra-oral scanners, leaflets, models and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The waiting room was spacious and comfortable, and patients had access to a water fountain, magazines and a box of children's toys. There was also a TV they could watch whilst they waited. Patients were able to check in electronically, saving them from queuing at the reception desk. The practice had an additional consultation room that patients could use if needed.

The practice had made some adjustments for patients with disabilities. This included a hearing loop and some information was available in Braille. Although the premises were not wheelchair accessible, the practice had obtained planning permission to upgrade its facilities to be fully accessible.

Timely access to services

Waiting times for treatment were long. Staff told us that the waiting time for a new patient assessment was about eight months, with a further 12 month wait for treatment to begin. Staff worked hard to inform patients of this wait and kept them updated of any changes.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. The practice operated a text reminder appointment service and each orthodontist had emergency slots each day for patients in discomfort or with broken appliances.

Listening and learning from concerns and complaints

There was a policy providing guidance to staff on how to handle a complaint and details of how to complain were available in waiting area for patients. Both verbal and written complaints received were discussed at staff meetings so that any learning from them could be shared across the team.

We viewed paperwork in relation to recent complaints and saw they had been manged in a timely, professional and empathetic way.

Are services well-led?

Our findings

Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by an experienced and knowledgeable practice manager. Staff spoke highly of senior staff describing them as organised, hardworking and responsive to their requests.

There were specific staff lead roles in the practice for infection control, legionella, and fire safety.

The practice manager and principal dentist met formally each week and each quarter to discuss the operation of the service.

The practice had effective processes to develop leadership capacity and skills and staff had opportunities to progress and train for leadership roles within the practice.

The practice had achieved an Investor's in People Award.

Culture

The practice had a culture of high-quality sustainable care. Staff told us they felt valued and respected, citing good communication, access to training, and support for personal issues as the reasons. Staff told us they were genuinely thanked for their work which they greatly valued. They told us the principal dentist paid for outings and meals which helped them bond as a team.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive 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. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues.

Communication across the practice was structured around regular meetings for all staff which they told us they found useful. In addition to these were meetings specifically for the nurses and clinicians.

The practice was a member of the British Dental Association's good practice scheme.

We found that the practice manager was very organised and had implemented their own effective computer governance tool to assist them in the running of the service.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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 used surveys and encouraged verbal comments to obtain patients' views about the service. As a result of patients' feedback, clinic times had been extended to allow for more out of hours appointments and a system had been implemented to check toilet cleanliness. Patients were actively encouraged to give feedback via NHS Choices and the practice responded to both negative and positive comments left on there. Results for the NHS' Friends and Family Test for November 2019 showed that all 20 respondents would recommend the practice. We noted that the results of patient surveys were regularly discussed at the staff meetings. The practice manager told us that staff each took a turn at reading these out at the meeting.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the

Are services well-led?

service and said these were listened to and acted on. For example, their suggestions to have a half day as an annual leave option and to update software systems had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, cleanliness, equipment breakages and disability access. Staff kept records of the results of these audits and the resulting action plans and improvements, although we noted the quality of the radiograph audit could be improved.

Staff discussed their training needs at appraisals and one to one meetings, evidence of which we viewed. The Principal dentist was very supportive of staff training and had paid for several professional development courses for them.