

Smile Orthodontics Yorkshire LLP

Smile Orthodontics Yorkshire

Inspection Report

Northway Clinic
Scarborough
North Yorkshire
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Overall summary

We carried out this announced inspection on 24 August 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 by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did receive information of concern from them which we took into account.

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 not providing well-led care in accordance with the relevant regulations.

Background

Smile Orthodontics Yorkshire is in Scarborough and provides NHS orthodontic treatment to children and minimal private treatment to adults.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including space for patients with disabled badges, are available near the practice.

Summary of findings

The dental team includes three orthodontists, four dental nurses who also cover reception and a practice manager.

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 Smile Orthodontics Yorkshire was one of the partners.

On the day of inspection we collected seven CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two orthodontists, three dental nurses, the registered manager, the practice co-ordinator and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday 9am – 5pm.

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. We found not all staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The Orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS).
- Most 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 did not have effective leadership. We were told staff did not always feel supported.
- The practice asked staff and patients for feedback about the services they provided. We were told this was not always acted upon.
- The practice dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review practice's safeguarding policies and staff training. Ensuring all staff are aware of their responsibilities.
- Review current policies and procedures for obtaining patient consent to care and treatment and ensure they reflect current legislation and guidance, and that staff follow them at all times.
- Review the service's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Service regarding clinical examinations and record keeping.
- Review the processes and systems in place for seeking and learning from staff feedback with a view to monitoring and improving the quality of the service.

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. We found not all staff knew how to report concerns or who the safeguarding lead was and one clinician could not provide evidence they had completed safeguarding training.

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 from the British Orthodontic Society (BOS). Patients described the treatment they received as accommodating and caring.

We discussed consent with the orthodontists and they described an inconsistent approach to obtaining consent. Consent was not always recorded along with a full medical history and current/on-going oral health status. We were told patients did not always have adequate time to ask questions or make informed decisions about their care.

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.

No action



Summary of findings

We received feedback about the practice from seven people. Patients were positive about most aspects of the service the practice provided. They told us staff were accommodating. They said that they were not always given time to ask questions or given a full explanation of their care. Patients commented they did not always feel listened to.

Patients commented that they were generally made to feel at ease, especially when they were anxious about visiting the orthodontist.

We saw that staff generally protected patients' privacy and were aware of the importance of confidentiality. We were told some oral health preventative advice was given in the reception/waiting area of the practice and not in the surgery which failed to ensure patients' confidentiality was maintained.

Patients said staff treated them with dignity and respect.

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 generally efficient and met patients' needs. The appointment system for one clinician had recently changed and this had caused problems for patients to be seen at a time which suited them. The outcome of this appointment change was causing the waiting time between appointments to be increased.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face 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 and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement section at the end of this report).

The practice had did not have arrangements in place 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. We found not all staff were aware of this.

There was a clearly defined management structure but staff told us they did not always feel supported. We were told of several occasions where staff had shared information with the registered manager and this had not been acted upon.

Requirements notice



Summary of findings

We were told by staff; one clinician did not routinely wash their hands between patients and wore contaminated gloves outside of the clinical areas. This had been highlighted several times previously and still had not been addressed effectively.

We found improvements could be made regarding one clinician's notes; there was inconsistent evidence of on-going informed consent, oral health status, oral health advice and medical histories being recorded. We found preventative advice was also not always recorded.

We found no evidence available during the inspection that one clinical member of staff had received training in safeguarding adults or children and there was no certificate available to show when the last radiation training had been completed. 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.

Some of the staff had specific roles and responsibilities to support the orthodontists and we saw staff had access to suitable supervision and support for these.

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, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We found two clinical members of staff did not know their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. One of these staff members could not show if they had completed any training in relation to safeguarding adults or children. 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. We found two members of staff did not know how to report concerns.

The practice had a whistleblowing policy. We were told of several occasions where staff had shared information to the registered manager and this had not been acted upon effectively.

We looked at the practice's arrangements for safe orthodontic care and treatment. These included risk assessments which staff reviewed every year. A sharps risk assessment had been carried out specifically for the sharps used for orthodontic treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

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. We saw that staff kept comprehensive 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. We looked at all staff recruitment files. These showed the practice followed their recruitment procedure.

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

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.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

A dental nurse worked with the orthodontist 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.

Are services safe?

Staff completed infection prevention and control training regularly.

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.

We were told by staff; one clinician did not routinely wash their hands between patients and wore contaminated gloves outside of the clinical areas. This had been highlighted previously several times and had not been addressed.

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

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

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

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 every year following current guidance and legislation.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). Patients were generally recalled at suitable intervals for reviews of their treatment. We were given examples of treatment recalls from staff and were told this had become more difficult to ensure patients were seen at suitable recall intervals for one clinician. A change to the structure of one of the clinician's appointment book had caused difficulties for patients to be seen within the recommended timeframe. We were told the next available appointment for treatment was in January 2018. Orthodontic recalls should be between 6-12 weeks dependant of the treatment.

During the inspection we were told of a situation where a member of staff was asked to provide oral health preventative advice in the waiting room. This had been discussed at a recent staff meeting to not do this to ensure patient confidentiality and this had not been actioned by all clinicians.

We found improvements could be made regarding one clinician's notes; there was inconsistent evidence of ongoing informed consent, oral health status, oral health advice and medical histories being recorded. We found preventative advice was also not always recorded.

We saw that the practice audited patients' dental care records to check that the orthodontists recorded the necessary information. The last audit had highlighted that consent and medical histories were not always being recorded for one clinician, an action plan had been put in place but this had not been acted upon.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontists told us they would refer a patient back to their general dentist if they required high fluoride toothpaste or mouthwash.

The practice had a selection of dental products for sale and provided health promotion leaflets 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 at annual informal appraisals.

Working with other services

The practice received referrals for orthodontic treatment only. Upon receiving a referral letter the patient was contacted to arrange an initial appointment. We saw a detailed log of this to show where the patient had been referred from, on what date and when they were contacted. This was generally on the same day.

The orthodontists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide or if the treatment was outside of their remit. 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. One of the orthodontists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed one of the orthodontists listened to them and gave them clear information about their treatment.

We received comments from staff and patient's regarding one clinician who did not allow enough time to discuss treatment or allowed any questions to be asked. It was difficult to determine if patients had consented to all aspects of treatment at each stage.

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

Are services effective?

(for example, treatment is effective)

may not be able to make informed decisions. The policy also referred to Gillick competence and the orthodontists 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 accommodating and caring. 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 limited 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.

During the inspection we were told of a situation that morning where a member of staff was asked to provide oral health preventative advice in the reception/waiting room. At a previous staff meeting, discussions had taken place regarding the delivery of oral health advice within the surgery to maintain confidentiality; this had not been actioned by all clinicians.

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.

Involvement in decisions about care and treatment

The practice did not always allow enough time to provide information to give patients clear information to help them make informed choices. Patients confirmed that staff did not always listened to them, and they felt rushed when discussing options for treatment with them.

An orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options. This was not the case with every clinician we spoke with.

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

The orthodontists could show patients photographs 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

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs for one clinician. A change to the structure of one of the clinician's appointment book had caused difficulties for patients to be seen within the recommended orthodontic timeframe. We were told the next available appointment for ongoing treatment was in January 2018. Orthodontic recalls should generally be between 6-12 weeks, dependant of the treatment.

Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they felt rushed when they saw one clinician and did not have the opportunity to ask questions.

Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they telephoned some patients the day before their appointment to make sure they could get to the practice.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, step free access and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

The practice was accessible to wheelchair users. All of the treatment rooms were located on the ground floor along with the patient toilet facilities.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice had not received any complaints in the previous 12 months.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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. We found two clinical members of staff did not know 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 a whistleblowing policy. We were told of several occasions where staff had shared information of concern and this had not been acted upon effectively.

We saw that the practice audited patients' dental care records to check that the orthodontists recorded the necessary information. The last audit had highlighted that consent and medical histories were not always being recorded for one clinician, an action plan had been put in place but this had not been acted upon.

We found improvements could be made regarding one clinician's notes; there was inconsistent evidence of ongoing informed consent, oral health status, oral health advice and medical histories being recorded. We found preventative advice was also not always recorded.

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 if anything went wrong.

We were told by staff; one clinician did not routinely wash their hands between patients and wore contaminated gloves outside of the clinical areas. This had been highlighted several times previously and still had not been addressed effectively.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. We found inconsistent evidence to show if action plans had been actioned and learning had been reviewed.

We found no evidence available during the inspection that one member of staff had received training in safeguarding adults or children. Information was sent to the inspector but this did not show to what level they had been trained.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual informal appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

We received comments from staff and patient's regarding one clinician who did not allow enough time to discuss treatment or allowed any questions to be asked. It was difficult to determine if patients had consented to all aspects of treatment at each stage.

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 and a suggestion box.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and informal discussions.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• Lack of effective leadership.• Concerns raised by staff had not been addressed and staff did not feel supported.• Ineffective systems to ensure learning and improvement were in place.• Ineffective hand hygiene processes. <p>Regulation 17 (1)</p>