Dental Care Falmer

All Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 4 December 2019 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 second CQC inspector shadowing the inspection as part of their induction and 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

All Orthodontics is in the London Borough of Ealing and provides private orthodontic and general dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including two for all patients, including, blue badge holders are available in the practice's private carpark.

The dental team includes an orthodontist (also the principal dentist), a dental nurse, a receptionist and the practice manager. The practice has two treatment rooms; however, only one room is currently being used.

The practice is owned by a partnership 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

Summary of findings

and associated regulations about how the practice is run. The registered manager is the principal dentist, the other partner is also a dentist, however, they do not currently work at the practice.

On the day of inspection, we received feedback from 20 patients.

During the inspection we spoke with the orthodontist, the other partner, the dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

10:00am to 6:30pm Tuesday to Saturday

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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** 

No action

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

The orthodontist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff records. The three records for staff members showed the provider followed their recruitment procedure which was in line with legislation.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the orthodontist justified, graded and reported on the radiographs they took.

The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. When we spoke to them staff confirmed that they followed relevant safety regulation when using needles and other sharp dental items. However, the process they were following had not been formally recorded in a sharps risk assessment. The provider acted promptly and provided a copy of a completed risk assessment within a few days of the inspection.

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 checked.

Clinical staff had knowledge of the recognition, diagnosis and early management of sepsis.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

No action

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontist/principal dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the orthodontist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

The provider had adopted a process so that patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance. The orthodontist/principal dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated they were following current guidelines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents. There were adequate systems in place for reviewing and investigating when things went wrong. The practice had a process in place to learn, share lessons, identify themes and act to improve safety in the practice.

No action

Are services safe?

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

No action

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep the orthodontist up to date with current evidence-based practice. We saw that the clinician assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The orthodontist carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment.

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.

The orthodontist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The orthodontist where applicable, and as part of cases where general dentistry was provided, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

They described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 orthodontist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontist assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The receptionist and dental nurse had been recently recruited so no appraisals had been undertaken; however, the practice manager confirmed that they had a process in place to undertake their appraisals annually. We also saw evidence of completed personal development plans for the orthodontist evidencing how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

No action

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The orthodontist confirmed they had a process in place to refer patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Our discussions showed that the practice had systems to identify, manage, follow up and where required, refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

No action

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly and approachable. Staff treated patients respectfully, appropriately and kindly and were friendly towards patients.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity. Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when interacting with patients in person or on the telephone. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Interpretation services were available for patients who did not speak or understand English. Staff had access to a translation website. Patients were also told about multi-lingual staff that might be able to support them. Staff spoke Somali, Italian, Portuguese, Danish, Swahili and Arabic.
- Staff communicated with patients in a way that they could understand, and communication aids were available. For example, large font materials and a hearing induction loop.

Staff helped patients and their carers when they asked questions about their care and treatment. Staff gave clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The orthodontist/principal dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example; photographs, models, X-ray images and an intra-oral camera. This enabled the tooth being examined or treated to be shown to the patient/relative to help them better understand the diagnosis and treatment.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Staff were clear on the importance of emotional support needed by patients when delivering care. For example, patients with dental phobias were booked in for longer appointments.

Patients described high levels of satisfaction with the responsive service provided by the practice. Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Twenty cards were completed and 100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff, easy access to emergency dental appointments, flexibility of appointment times and access to parking. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments for to enable them to receive treatment. For example, step free access, a hearing induction loop and an accessible toilet with hand rails and a call bell were available.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided the telephone number for the orthodontist who the patients could call if they required emergency dental treatment when the practice was not open. The orthodontist where possible would attempt to address the emergency, if it was not possible they would sign-post patients to the 111 service.

Listening and learning from concerns and complaints

The practice manager was responsible for reviewing and responding to complaints and concerns. The practice had a process to respond to them appropriately to improve the quality of care.

The provider had policies providing guidance to staff on how to handle a complaint and information for patients which explained how to make a complaint.

The practice 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 their concerns had been dealt with.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

No action

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice was set-up in 2016. The partners had the capacity and skills to deliver high-quality, sustainable care.

The orthodontist was visible and approachable. Staff told us they worked closely with them and the practice manager to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. The provider had a process in place to respond to incidents and complaints in an open, honest and transparent manner. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The orthodontist shared overall responsibility for the management and clinical leadership and the day to day running of the service with the practice manager. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The provider 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 provider involved patients and staff to support high-quality sustainable services.

The provider used written and verbal comments from patients to obtain patients' views about the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said they were confident that these would be listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of antimicrobial prescribing, dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The receptionist and dental nurse were both scheduled to have annual appraisals once they had worked at the practice for over 12 months. We were told they will be discussing learning needs, general wellbeing and aims for future professional development during the annual appraisals. We saw evidence of the process in place to complete appraisals.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.