

Ortho-Tek Limited

Maidenhead Orthodontic Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 18 May 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.

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.

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. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Improvements could be made to ensure dental nurses were qualified, or registered on a course leading to qualification, and essential recruitment checks such as Disclosure and Barring Service (DBS) checks were undertaken.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure the practice reviewed and acted upon national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the British Orthodontic Society (BOS), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Improvements could be made to ensure that all staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. The training, learning and development needs of individual staff members were not reviewed at appropriate intervals and the practice did not have an effective process for the on-going assessment and supervision of all staff.

No action



Summary of findings

Are services caring?

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

We reviewed 21 CQC comment cards and the practice patient satisfaction survey. Patients were positive about all aspects of the service the practice provided. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

No action



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 efficient and met patients' needs. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of the practice emergency mobile number was available for patients' reference.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Patients' comments from the practice patient satisfaction survey were reviewed on a regular basis. Patients had access to information about the service through the practice information leaflet and website.

No action



Are services well-led?

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

The practice had arrangements 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. The practice had completed risk assessments for fire, disability and health and safety. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The staff we spoke with described an open and transparent culture which encouraged candour. Leadership structures were clear and there were processes in place for dissemination of

No action



Summary of findings

information and feedback to staff. The practice had not completed an X-ray audit and a Legionella and sharps risk assessment. The practice did not ensure the trainee dental nurse was registered on a course which could lead to registration with the General Dental Council and had not monitored staff continuing professional development and professional indemnity cover.

Improvements could be made to ensure the practice monitored clinical and non-clinical areas of their work to help them improve and learn. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

Maidenhead Orthodontic Centre

Detailed findings

Background to this inspection

Background

Maidenhead Orthodontic Centre is located in Maidenhead and provides NHS and private orthodontic treatment to patients of all ages. The premises are on the ground and consist of two treatment rooms, an X-ray room, a decontamination room and a reception area. The practice is open on Monday to Friday 09:00am – 5:30pm.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes four associate dentists, a trainee dental nurse and a receptionist.

The practice is owned by an organisation 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 Maidenhead Orthodontic Centre was one of the practice owners.

On the day of inspection we collected 21 CQC comment cards filled in by patients. We also reviewed results of the practice patient satisfaction survey. This information gave us a positive view of the practice.

During the inspection we spoke with one of the practice owners, an associate dentist and a trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Patients' needs were assessed and care was planned in line with current guidance such as from the British Orthodontic Society.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- 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 asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

Detailed findings

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development and professional indemnity cover.

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. There were no reported incidents within the last 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Improvements could be made to ensure relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 had a comprehensive set of 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. There were no reported safeguarding concerns in the last 12 months.

The practice had a whistleblowing policy which included the contact details of external agencies to which staff could raise concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using sharp dental items.

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 guidance issued by the Resuscitation Council

UK. The practice had an automated external defibrillator (AED). All emergency drugs and equipment were within the expiry date ensuring they were fit for use. A portable suction was not available at the practice on the day of our inspection. We noted the size one to four oropharyngeal airways had expired. Following our inspection the practice sent us confirmation these items had been ordered.

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. The records did not contain all of the evidence required to satisfy the requirements of relevant legislation. The practice had not undertaken a Disclosure and Barring Service (DBS) check for one clinical member of staff. Following our inspection the practice sent us confirmation of a DBS check.

We did not see records which showed the dental nurse was registered on a training course which could lead to registration with the General Dental Council (GDC). Following our inspection the practice sent us confirmation the dental nurse was registered on a training course.

All other clinical staff were qualified and registered with the General Dental Council (GDC). However, the practice did not have evidence of professional indemnity cover for three clinical members of staff. Following our inspection the practice sent us confirmation of 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. Improvements could be made to ensure the practice checked each year that the clinicians' professional indemnity insurance was up to date.

A trainee dental nurse worked with the dentists when they treated patients.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment

Are services safe?

in February 2017. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

The practice had a health and safety policy, which had been updated in January 2017, and had undertaken a range of risk assessments in February 2017. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharps injuries, eye injuries, manual handling, electrical faults, and slips, trips and falls.

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. We saw records which showed that two clinical members of staff completed infection prevention and control training every year. The practice did not have evidence of up to date training for two other clinical members of staff. Following our inspection the practice sent us confirmation of training in infection control.

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.

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 not undertaken a Legionella risk assessment and was not monitoring water temperatures. Following our inspection the practice sent us confirmation a Legionella risk assessment had been booked for 22 May 2017.

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. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in May 2017. A pressure vessel check had been carried out in May 2017. The practice had portable appliances and had carried out portable appliance tests (PAT) in February 2017. The fire extinguishers had been checked in October 2016 and the Oxygen in June 2016.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports.

We saw records which showed that the X-ray equipment was serviced in February 2017. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The practice had not completed an X-ray audit within the last year following current guidance and legislation. Staff showed us the last X-ray audit which was completed in 2015. Following our inspection the practice sent us confirmation of an X-ray audit.

We confirmed the IRMER training for their continuous professional development (CPD) was up to date for two dentists. The practice did not have evidence of training for two dentists. Following our inspection the practice sent us confirmation of training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Patients' needs were assessed and care and treatment was delivered in line with current guidance such as British Orthodontic Society (BOS) and General Dental Council. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We saw records which showed the dentist gave preventive advice in line with current guidance.

During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records and we saw evidence of assessments to establish individual patient needs.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

Health promotion & prevention

Appropriate information was given to patients for health promotion. Staff showed us the practice information relating to health promotion such as smoking cessation, gum disease, tooth brushing and interdental cleaning.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary and tooth brushing advice. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about tooth brushing.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that some staff members were up to date with CPD and met registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, first aid, oral cancer screening, and legal and ethical issues. We did not see evidence of up to date training for two clinical members of staff. Following our inspection the practice sent us confirmation of training.

The practice had a policy and procedure for staff appraisals to identify training and development needs. We noted one appraisal had been completed in the last 12 months. The practice had not completed an appraisal for the trainee dental nurse. Following our inspection the practice sent us confirmation an appraisal had been completed.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Staff told us the practice accepted referrals from local practices for orthodontic treatment. Staff confirmed patients were referred to a range of specialists in secondary care if they needed treatment the practice did not provide. Staff told us that patients with suspected oral cancer were referred 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 ensure they were dealt with promptly.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy also referred to Gillick competence and staff 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. The practice had a consent form for orthodontic treatment. Staff confirmed individual treatment options, risks and benefits and costs

Are services effective?

(for example, treatment is effective)

were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The practice had a policy on the Mental Capacity Act 2005 (MCA) and some staff had received formal training. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed 21 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. All staff were required to complete training on confidentiality as a part of the practice's induction programme. Staff explained how

they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised. The records were password protected, stored securely and regularly backed up. We observed the practice had a notice in the reception area advising patients to inform the receptionist if they wished to have a confidential discussion with members of staff.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood.

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. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The treatment rooms were located on the ground floor of the premises. The practice was accessible to people using wheelchairs, or those with limited mobility including an accessible toilet with hand rails and a call bell.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hours details of the practice emergency mobile number was available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was available in the reception area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The registered manager was responsible for dealing with complaints. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response. Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

The registered manager had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and the Department of Health. The practice used an online clinical governance system to assist with updating practice policies and procedures. The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments such as fire, disability, health and safety. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 or a Legionella risk assessment.

Staff told us the practice had experienced some challenges with staff recruitment and retention in the last year. The registered manager was in the process of recruiting a trained dental nurse and a receptionist.

The registered manager organised staff meetings to discuss key governance issues and staff training sessions. We saw records of two staff meetings in the last 12 months documenting discussions on medical emergencies, patient satisfaction surveys and continuing professional development.

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.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

Staff were very proud to work in the service and spoke respectfully about the leadership and support they

received from the principal dentist as well as other colleagues. Staff we spoke with were confident in approaching the registered manager if they had concerns and displayed appreciation for the leadership.

We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

Learning and improvement

Improvements could be made to ensure the practice had an effective quality assurance process to encourage learning and continuous improvement. The practice had not completed an audit of X-rays in the last 12 months. An infection prevention and control audit had been completed in May 2017. We saw records which showed that the infection control audit had documented learning points, were analysed and the resulting improvements could be demonstrated.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. 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. Improvements could be made to ensure the practice had an effective system to review staff continuing professional development and professional indemnity cover on an annual basis.

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

The practice had a procedure for monitoring the quality of the service provided to patients. The practice used patient surveys to obtain patients' views about the service. Staff told us the practice was considering other options to increase the patients' response to the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Staff commented that the registered manager was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback.