

Hampstead Ortho Ltd

Hampstead Orthodontic Practice

Inspection report

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Overall summary

We carried out an announced focused inspection on 01 February 2022 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The practice appeared to be visibly 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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.

Summary of findings

- 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 a culture of continuous improvement.
- Staff felt involved and supported and worked 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 information governance arrangements.

Background

Hampstead Orthodontic Practice is in the village of Hampstead and provides private orthodontic care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Paid car parking spaces were available near the practice. The practice is within easy reach of the London Underground, London Overground and local buses.

The dental team includes the owner who is the orthodontist, eight orthodontic therapists and three qualified dental nurses, three trainee dental nurses and four reception staff. They were supported by a full-time practice manager. The practice has four treatment rooms.

During the inspection we spoke with the orthodontist, two orthodontic therapists, the lead dental nurse, two reception staff 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 8.30-8pm

Tuesday 8.30-6pm

Wednesday 8.30-7pm

Thursday 8.30-6pm

Friday 8.30-5pm

Saturday 8.30-4pm.

During out of hours, patients could contact the emergency mobile number for care and treatment.

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

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

Summary of findings

- Ensure an effective process is established for the on-going appraisal of all staff; including the training, learning and development needs of individual staff members.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found 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)

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children; appropriate policies were in place to govern and staff had access to a flowchart pathway for reporting concerns.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment; The practice was assigned a risk rating of “very low”.

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

We saw the practice was visibly clean and there were effective cleaning schedules to ensure cleanliness was maintained.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers’ instructions, including the portable appliance testing of electrical appliances.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked as described in recognised guidance.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health and copies of the data sheets were available.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

Are services safe?

The provider had a system for receiving and acting on safety alerts from the Central Alerting System.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The orthodontist carried out patient assessments in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

The practice's website and the digital display screen in the waiting area provided patients with information about the range of treatments available at the practice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers 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 in line with recognised guidance.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

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 provider told us staff discussed their training needs at an annual appraisal, however, this had not been done in the last year due to pressures on the service. We saw evidence that the orthodontic therapists received regular clinical supervision from the provider who had good oversight of patient care activities. They gave examples of how staff learning needs were used to guide professional development.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

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.

The provider had installed closed-circuit televisions (CCTVs) in the communal areas to improve security for patients and staff. Relevant policies and protocols were in place to govern this activity.

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

Appropriate and accurate information

Staff acted on 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

Staff involved patients, the public, staff and external partners to support the service. For example, we looked at the results of the internal patient feedback survey carried out in the last 12 months. The summarised results from the 64 participants

Are services well-led?

showed that 100% of respondents found the reception staff helpful; 100% of respondents felt the orthodontist/orthodontist therapist they saw was good at explaining the financial arrangements to them; and 99% reported a positive overall experience and would recommend the practice to others. The provider described how they used feedback to improve the service they offered to patients.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had 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 disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.