Mr Colin Wallis

Specialist Orthodontic Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 27 April 2017. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 HSCA (RA) Regulations 2014 Good Governance and Regulation 19 HSCA (RA) Regulations 2014 Fit and Proper Persons Employed.

We undertook a focused inspection for Specialist Orthodontic Practice on 11 July 2017. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection. During the inspection in April 2017, we identified that the provider must; ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held. Ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff. Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance. Ensure the practice establishes an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Specialist Orthodontic Practice on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

Specialist Orthodontic Practice is located in Epping and provides NHS and private orthodontic treatment to patients of all ages. There is level access for people who use wheelchairs and pushchairs. The premises are on the ground floor and first floor. The practice consists of four

Summary of findings

treatment rooms, an X-ray room, two consultation rooms, a decontamination room and a reception area.

The practice is open on Monday, Wednesday and Thursday 8:30am – 5pm, Tuesday 8:30am – 7pm and Friday 08:30am – 1:30pm.

The dental team includes the principal dentist, two associate dentists, an orthodontic therapist, a trainee orthodontic therapist, six dental nurses one of whom is also a receptionist, a practice manager, an administrator, two receptionists, a treatment coordinator and a new patient

coordinator.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist, practice manager and the practice administrator. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Improvements were seen in all areas where concerns had been highlighted at the comprehensive inspection.
- The practice recruitment policy, procedures and the recruitment arrangements had been reviewed. Employment checks were in place for staff and the required specified information in respect of persons employed by the practice was recorded.
- The training needs of staff had been reviewed; there was a schedule for on-going assessment and supervision in place for all staff.
- The storage of records relating to people employed and the management of regulated activities had been reviewed and systems put in place to ensure records were stored securely and in accordance with current legislation and guidance.
- The practice had put processes in place to establish a system to assess, monitor and mitigate the various risks arising from undertaking the regulated activities.

At our announced inspection on 27 April 2017, there were areas we identified where the provider could make improvements. During our focused inspection on 11 July 2017 improvements were seen in all areas where the provider could make improvements.

- The practice had reviewed its arrangements for receiving and responding to safety alerts 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). The practice manager was responsible for checking alerts and a process was in place to ensure actions were taken where relevant.
- The practice had reviewed its procedures with regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We saw that documentation was up to date and included all potentially hazardous substances relevant to the practice. In addition the practice cleaning company had a COSHH file for staff to refer to and to ensure the risks associated with the use of and handling of these substances were minimised. All clinical staff, the practice manager and the practice administrator had undergone both COSHH and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) training to ensure the practice had a better understanding of the potential risks and responsibilities associated with COSHH and RIDDOR.
- All staff had completed levels one and two safeguarding training for both adults and children to ensure they are trained to an appropriate level for their role and are aware of their responsibilities.

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 well-led?

No action

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

Improvements were noted in the way the practice managed recruitment and employment.

The provider and practice manager had oversight of continuous professional development and staff training. We saw evidence that staff records and records associated with the management of the practice and the regulated activities were stored appropriately and securely.

The practice had processes in place to assess, monitor and mitigate the various risks arising from undertaking the regulated activities.

Specialist Orthodontic Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Specialist Orthodontic Practice on 11 July 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 27 April 2017 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by a CQC inspector.

No action

Are services well-led?

Our findings

Governance arrangements

Areas of concerns from the previous inspection were examined and improvements were noted in many areas.

Concerns were raised at the previous inspection that the practice did not have effective governance arrangements to ensure the smooth running of the practice. There was a lack of relevant policies and procedures such as Gillick competence, whistleblowing, RIDDOR, recruitment, induction and appraisals. In addition policies present had not been reviewed or updated. We examined the practice policies and saw that the practice had reviewed all policies and procedures. We found that these now included policies for whistleblowing, consent including Gillick competence, RIDDOR and recruitment policies which included induction and appraisal. We were told the practice aimed to adhere to these policies in future and were in the process of ensuring all staff had read the policies and signed to confirm they had read them. The practice was in the process of exploring ways to ensure understanding and learning from the new policies would be embedded with staff.

Concerns were raised at the previous inspection that the practice had not undertaken appropriate recruitment checks such as immunisation, DBS and references to ensure that suitable staff were employed. The practice did not have a system in place to monitor essential staff information such as registration with the General Dental Council and professional indemnity. The practice did not have a system in place to ensure staff were up to date with continuing professional development. During our inspection on 11 July 2017 we looked at all 16 staff files and saw that whilst many staff had been employed for more than 15 years, all staff files had been reviewed. Where appropriate recruitment information had been gathered and included in the files. All 16 staff files we reviewed had evidence of staff identity, staff professional registration and indemnity, DBS, immunity, appraisal and training. Newer staff files had full recruitment records including details of the recruitment process, references and/or notes of when requests for references had been requested and not responded to and if telephone references had been obtained. We saw that newer staff were undergoing an induction process which included weekly, quarterly and annual reviews. The practice was in the process of developing personal development plans for all staff with full records of training completed. The practice administrator told us they were in the process of developing a system to identify when staff training was due for review to ensure all staff training needs were readily identified and staff professional development was monitored. We looked at records of staff training and saw that all staff were up to date with training, with sessions booked for updates and other training. For example we saw that the practice medical emergencies training was scheduled for all staff on 27 July 2017, this would include training for staff on the recently purchased automated external defibrillator (AED). One member of staff had just completed their dental therapist training and another member of staff was scheduled to undertake radiography training in September. Another member of staff had undertaken orthodontic training and the practice were pleased to confirm they had just qualified.

Concerns were raised at the previous inspection regarding the storage of staff files and other records associated with the management of the practice. We looked at the storage of records relating to people employed by the practice and the management of regulated activities. We saw that all staff files were stored in a secure area and only relevant staff had access to staff records and information. Following our inspection the practice reviewed the storage of staff records to include lockable filing cabinets', to ensure files were not accessible to any other staff who were not involved in staff management. In addition, records relevant to the records associated with the management of the practice and the regulated activities were stored securely and in accordance with current legislation and guidance.

Concerns were raised at the previous inspection that the practice did not have processes in place to assess, monitor and mitigate the various risks arising from undertaking the regulated activities. During our inspection on 11 July 2017 we saw that the practice had employed the services of a Fire Safety Services organisation who had undertaken fire risk assessments. As a result of these assessments the practice told us they were in the process of implementing their recommendations including installing emergency lighting. New fire exit signs had been introduced throughout the building. We saw that alarms were tested weekly. Other recommendations identified in the report included fire doors being propped open and staff bringing in their own chargers for personal mobile telephones. The practice had since introduced a policy to stop staff bringing

No action

Are services well-led?

external electrical equipment into the building and had reviewed staff awareness of propping fire door open through training and fire drills, the latest drill was undertaken on 5 July 2017. The practice had employed the services of a professional water testing organisation who undertook a legionella risk assessment and water testing. Actions identified were addressed and staff had undertaken legionella training to ensure they understood the process of regular water testing and reassessing. Other risk assessments undertaken by the practice included a vulnerable person's risk assessments, risk assessments into the use of needles and other sharp dental instruments, the use of display screen risk assessments and health and safety risk assessments. We saw that where concerns were identified the practice had put actions in place with action completion dates, reviews and discussion at staff meetings.