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Saltaire Orthodontics

Inspection Report

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Date of inspection visit: 2 June 2015
Date of publication: 16/07/2015

Overall summary

The inspection took place on 2 June 2015 as part of our national programme of comprehensive inspections. We had previously inspected the service in March 2013 when the provider was found to be meeting all five of the standards.

Saltaire Orthodontics provides orthodontic treatment to NHS patients under 18 and private patients over the age of 18 years. The staff structure consists of an orthodontist (the provider) and two registered orthodontic therapists (who assist the orthodontist and carry out some treatments themselves), three dental nurses and one receptionist.

Feedback was given by 13 patients who completed our comment cards and we spoke with four patients during the visit. Patients were positive and complimentary about the service they received, the friendliness of the staff and the quality of the orthodontic work. Patients confirmed they had been greeted warmly by friendly and helpful staff. Patients confirmed they had been well informed about their treatment at each visit.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were

- The practice had effective systems in place for identifying and managing patient safety incidents.
- Clinical records were well maintained and patients were referred for specialist treatment in a timely and efficient manner.
- There were systems in place to check all equipment had been serviced regularly, including the X-ray equipment, autoclave, fire extinguishers and oxygen cylinder.
- Staff managed the decontamination of dental instruments in line with published guidance.
- Staff recruitment was in line with practice policy and thorough checks were completed.
- The practice had a comprehensive training programme which ensured staff maintained the necessary skills and competence to support the health needs of the patients.
- Patients were given appropriate levels of information and were involved in decisions about their treatment.

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 responded to national patient's safety and medicines alerts and took appropriate action. Information was regularly shared with staff. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

We confirmed staff were suitably trained and skilled and there were sufficient numbers of staff available to support patient's health needs.

Infection control procedures were in place and radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked weekly to ensure they did not go beyond their expiry dates.

Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

Staff understood the Mental Capacity Act and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially.

Patients told us they were listened to and not rushed and treatment was clearly explained to them. Patients were given time to consider their treatment options and felt involved in their care and treatment.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Appointment times met the needs of patients and waiting time was kept to a minimum. Patients received reminders by telephone and SMS (with the patient's prior permission) about their appointments. A practice leaflet was available in reception to explain to patients about the services provided.

The practice provided support to meet the needs of patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

Summary of findings

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. There was an effective leadership structure led by the orthodontist (the provider) and the practice manager. Staff had clear roles and responsibilities and understood how they impacted on the quality of the service. Staff told us they felt supported and involved in service improvements through effective team communication.

Risks to both patients and staff had been identified and these were monitored and reviewed. The practice assessed and monitored the services they provided through patient feedback, audits and monitoring complaints. Staff meetings took place and important events were discussed and action taken and recorded.

Saltaire Orthodontics

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.

The inspection took place on 2nd June 2015. The inspection was carried out by a CQC Inspector with access to advice from a dental professional. Prior to the inspection we reviewed the information we already held about the service, requested some basic information from the provider and gathered information from their website. We informed the NHS England area team and the local Healthwatch that we were inspecting the practice; and we did not receive any information of concern from them.

On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. During the inspection we spoke with the orthodontist (the provider), the practice manager, dental therapist, dental nurses and receptionist. We also spoke with four patients and reviewed 13 CQC comment cards, family and friends NHS led surveys and the practice's own patient questionnaires.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the orthodontist or the practice manager.

The practice held regular morning meetings with the staff where such incidents, when they arose, were shared and discussed. We observed the morning meeting and areas such as patient care, fire procedures, and patient feedback were discussed. They also held monthly practice meetings where incidents were discussed and learning shared following events. For example, where an injury had occurred to a member of staff whilst using orthodontic wire during treatment, practice was reviewed to ensure their safety was not compromised again.

We confirmed staff were given guidance on what to do if they suffer a sharps injury, which means if they cut themselves with a needle or sharp instrument in the course of their work. Such incidents need careful assessment as there may be infection control issues. The staff were aware these incidents may require reporting to occupational health.

We confirmed the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

The practice had a named member of staff with lead responsibility for safeguarding issues. No safeguarding concerns had been raised about patients registered with the practice. We found staff had received training in safeguarding adults and child protection and could demonstrate an awareness of the reporting procedures. This included access to local authority contacts. Staff displayed good knowledge of the possible signs of abuse and the action they would take.

The practice did not have a specific chaperone policy in place. However, dental nurses covered this in their training. Patients were seen by the orthodontist with a dental therapist/nurse present.

Medical emergencies

The practice had emergency medicines in place and all staff had been trained in basic life support to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a disclosure and barring service check was necessary. We looked at two staff files and found the process had been followed. When employing new staff, the practice manager checked their GDC certificate. Copies of training certificates had been provided and the practice manager had assessed their achievements and competence, and worked through a full health and safety induction checklist, with a tour of the premises.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure where absences occurred, existing staff were contacted to attend the practice and cover for their colleagues.

Monitoring health & safety and responding to risks

The practice had carried out an assessment of risks to the health, safety and welfare of patients, staff and visitors to the premises. Risk management system were in place which helped ensure risks were appropriately managed. Records confirmed actions were taken to minimise risks. This included effective arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

There were also other policies and procedures in place to manage risks at the practice. These included infection

Are services safe?

prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so staff and patients were safe.

We found the practice had been assessed for risk of fire. Fire extinguishers had recently been serviced and staff were able to demonstrate how to respond in the event of a fire.

Infection control

The practice was clean throughout and well organised. Patients confirmed they had always found the premises to be clean.

An infection control policy and an infection control lead were in place. The policy clearly described how cleaning was to be undertaken at the premises including the treatment room and the general areas of the practice.

We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice on the prevention and control of infections and related guidance'. The practice policy and procedures on infection prevention and control were accessible to staff.

An infection control audit had been completed and reflected infection control procedures were robust. Where areas for improvement had been identified, these had been recorded then actioned.

We looked at the facilities for cleaning and decontaminating dental instruments at the practice. The decontamination area was based on the first floor next to the treatment rooms. We asked staff to explain the decontamination procedure. We saw equipment was situated for completing a thorough decontamination process and packaging of instruments where required. They followed clear zoning practice to prevent cross contamination of the instruments. On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually then placed them in an ultrasonic cleaner. They were then rinsed and examined visually with an illuminated magnifying glass, then sterilised in an autoclave (steriliser). At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry

date. Staff followed procedures to ensure safe practice was followed to promote the prevention and control of infection. This included the use of personal protective equipment such as eye protection, aprons, heavy duty gloves and a mask while instruments were cleaned.

We found daily tests were performed to check the steriliser was working efficiently and a log was kept of the results. Regular servicing and maintenance of the equipment was in place.

The practice had appropriate systems in place for the management of clinical, hazardous and general waste. Waste bins with hands-free lids had been provided for clinical waste. Records demonstrated waste was disposed of appropriately.

We observed areas throughout the practice were clean and well managed. The practice employed a cleaner for the communal areas. A schedule showed completion of weekly and daily tasks. Clinical staff were responsible for infection control and cleaning of the treatment areas and recorded their checks.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Legionella is a bacterium which can contaminate water systems. Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This reduced the risk of legionella to patients and staff.

Equipment and medicines

Records we viewed reflected equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment.

Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Emergency medicines only were held by the practice. Medicines in use were checked and found to be in date. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

Are services safe?

X-ray equipment was situated in a suitable area. The X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed with the equipment and accessible to staff. All staff had signed a document to indicate they had read the X-ray procedure and local rules to ensure the safe use of the equipment.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance

of the X-ray equipment at the recommended intervals. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when required.

X-ray machines were the subject of regular visible checks and we saw records confirmed this. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely.

The radiograph (X-ray) log book showed each X-ray taken had been recorded with a unique patient identifier and technical quality graded. We saw X-rays, pertaining to three patients, where clinical evaluation and satisfactory quality were recorded. The practice was conducting radiographic examinations in line with current Faculty of General Dental Practice (FGDP) guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

When patients attended the practice for an orthodontic consultation we found they received a thorough assessment of their dental health needs. Medical history, list of medications and whether they had any allergies were obtained from the patients and regularly updated.

The dental assessments were completed in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC). This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and observation for the signs of mouth cancer. The orthodontist discussed the findings and treatment options, risks, benefits and costs. The practice provides a range of treatment options including metal and non-metal braces.

The patient records were updated with the proposed treatment and reflected discussions with the patient. Where relevant discussion regarding fees were recorded. All of the records we checked contained clear and detailed information.

Patients spoken with and comments received on CQC comment cards confirmed patients were satisfied their needs were responded to with the right treatment at the right time.

Health promotion & prevention

The waiting room and reception area displayed information that explained the services offered at the practice and provided health advice to patients.

The orthodontist and dental therapists confirmed adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth and gums. They were aware of the NHS England publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Staffing

There was a process in place for a full staff induction. Staff were supported by experienced staff until they had sufficient knowledge and skills to perform their role at the practice.

Staff received annual appraisals and there was also a procedure in place for performance management of staff.

Staff had undertaken training as a team to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

Regular daily meetings were held and monthly practice meetings with all staff. Staff we spoke with told us they felt supported and enjoyed working at the practice. They felt able to raise areas for discussion both informally and formally at practice meetings.

Working with other services

When patients had more complex dental issues, the orthodontist referred them to other healthcare providers. This included, for example the Dental Hospital. It was practice policy to make timely referrals to reduce any delays of treatment for the patient and this was evidenced in their records.

Consent to care and treatment

We spoke with the orthodontist and clinical staff who explained how consent was obtained for all care and treatment. The staff checked each patient's understanding and sought verbal or written consent before treatment was progressed. Records confirmed this and showed individual treatment options, risks, benefits and costs with discussed with each patient and documented in a written treatment plan. Staff spoken with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time.

Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test. We spoke with patients who confirmed they were given time to make informed decisions about the treatment they wanted.

Are services effective?

(for example, treatment is effective)

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. Staff we spoke with told us they had read and had access to the policy.

The orthodontist explained that if the patient's mental capacity was such that they might be unable to fully understand the implications of their treatment they followed the guidelines of the Mental Capacity Act 2005 and included involving any carer to ensure that procedures were explained in a way the patient could understand.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeted patients in a friendly and welcoming way and were respectful to all.

We spoke with four patients who confirmed their privacy was respected and staff were welcoming, kind and helpful. We received a total of 13 CQC comments cards. The comments were all very positive about the orthodontist and the staff, showing patients valued the service they received. Eight of the cards confirmed appointments were on time without delay. Nine of the cards expressed how friendly and helpful the staff were.

People's clinical records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely. A data

protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information.

We observed the interaction between staff and patients and found privacy was respected and confidentiality was being maintained.

Involvement in decisions about care and treatment

Patients told us they had been well informed on each visit. They had been given good explanations about their treatment and felt fully informed. We saw evidence in the records that patients were given information to enable them to make a choice regarding their dental treatment. We also saw patients were asked to give their expressed consent prior to, during and on completion of their treatment to confirm they were satisfied with the overall treatment and results.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice leaflet and website explained the range of options offered to patients. This included different types of orthodontic treatments. The practice undertook NHS and private treatments. Costs were explained to patients during their consultation.

Staff explained the practice scheduled enough time to assess and undertake patients' care and treatment needs. This was evident when we reviewed the appointment system. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

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

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who

could translate or if not they would contact a translator. The clinical team also had a range of language skills, Urdu, Punjabi and Eastern European languages. We saw the practice held contact details for a local translation service.

Access to the service

The premises did not meet the needs of individuals who had mobility needs as the treatment rooms were on the first floor. The practice had an arrangement with a dental practice nearby to treat/ consult using these premises to provide full orthodontic support to patients with mobility needs.

Concerns & complaints

Information for patients about how to make a complaint was displayed in the practice waiting room, in the practice leaflet and web site. This included details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

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.

Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive risk assessment file and demonstrated these were regularly reviewed. Risk assessments included the use of sharp instruments, hazardous substances and equipment. The practice completed annual audits to ensure staff followed best practice and identify further improvements. These included audits of patient records, radiography, and infection control. Outcomes were discussed at the staff meetings and training sessions.

The orthodontist was secretary of the federation of local dental practices and also attended a national and international dental forum to maintain professional links and share good practice. The practice had a strong commitment to continuing professional development which was evidenced through observation, talking to staff and reviewing training records.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice and they felt valued and supported by the practice management team. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager without fear of recrimination. All staff told us it was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice.

Management lead through learning and improvement

Staff told us they had good access to training which was monitored by the practice manager to ensure essential training was completed each year. In addition, staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The orthodontist, dental therapists and nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff professional registrations were up to date.

The practice audited areas of their practice as part of a system of continuous improvement and learning. For example infection control was completed weekly and monthly and there was evidence of actions taken.

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

We saw that the service acted upon suggestions received from people using the service. For instance following patient feedback the practice blocked out a half hour appointment each day to deal with emergencies or problems patients were having with their orthodontic work.

The practice conducted regular daily staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.