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The Cullompton Orthodontic Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 October 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided us with information about the contract they hold at the practice.

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 not providing well-led care in accordance with the relevant regulations.

Background

The Cullompton Orthodontic Practice is in Cullompton and provides mainly NHS and a small amount of private treatment to patients of all ages.

Summary of findings

There is one treatment room, on the first floor. Car parking spaces are available near the practice.

The dental team includes one orthodontist, two dental nurses/receptionists and one receptionist.

The practice is owned by an individual who is the orthodontist 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.

On the day of inspection we collected eight CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the orthodontist and two dental nurses/receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 8.40am – 6pm. Tuesday 8.40am – 5pm. Wednesday 8.40am – 5pm. Thursday 8.40am – 4pm. The practice closes between 1pm – 1.30pm.

Our key findings were:

- The practice was clean.
- The practice had infection control procedures which broadly reflected published guidance.
- Staff knew how to deal with emergencies. The systems to review appropriate medicines and life-saving equipment would benefit from review.
- The practice had under-developed systems to help them manage risk.
- Staff knew their responsibilities for safeguarding adults and children.
- The practice staff described safe staff recruitment procedures but staff records were not available to view.
- 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.
- The appointment system met patients' needs.
- Governance arrangements require improvement to ensure that the service is well-led.

- Staff felt supported by the orthodontist.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had not received any complaints.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, by ensuring that the practice is supported by up to date policies and protocols reflecting current legislation and guidance. In particular; assessment of risks associated with Legionella, fire and the Control of Substances Hazardous to Health (COSHH) and regular X-ray equipment maintenance.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the current infection control protocols and waste handling protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and Gillick competencies and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 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.

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 but improvements could be made.

Staff received training in safeguarding and knew how to recognise the signs of abuse.

Staff were qualified for their roles. The practice staff confirmed that essential recruitment checks had been completed on their employment.

Improvements could be made to ensure that the premises and equipment were properly maintained and assessed for risk.

Systems had been reviewed to ensure national guidance for cleaning and sterilising dental instruments was followed.

Following the inspection the practice took steps to ensure suitable systems were in place for checking emergency equipment.

No action



Are services effective?

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

The orthodontist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional and professional. The orthodontist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, welcoming and informative. They said that they were given helpful, honest explanations about orthodontic treatment, and said the orthodontist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the orthodontist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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. Patients could get an appointment quickly if there were problems with their braces or if they were in pain.

Staff considered patients' different needs. The practice was not fully accessible for wheelchair users. The practice had access to telephone interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The governance arrangements were not sufficiently robust as practice policies, procedures and risk assessments to support the management of the service and to protect patients and staff had not been kept up to date.

Arrangements to monitor the quality of the service and make improvements also could be improved.

Patient dental care records were stored securely.

Staff felt supported and appreciated.

The practice asked for and listened to the views of patients and staff.

Requirements notice



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 told us there had been no significant events or incidents but that they understood their role in the process of reporting them if any should occur. We saw that accidents were reported appropriately and discussed to reduce risk and support future learning.

The orthodontist told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff working at the practice told us that relevant alerts were discussed with them and acted on. Copies of alerts were not held at the practice for reference. We discussed this with the orthodontist who told us that alerts would be held in the future.

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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However, we noted that this policy and procedure was dated 2012. The orthodontist told us that it had not been updated since this date and told us this would be updated to ensure contact details for local agencies were current. We saw evidence that staff received safeguarding training on an annual basis. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe orthodontic 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 recognised guidance, with the exception of some airways, which were out of date. However, we saw that systems for monitoring equipment were not robust. We observed that the oxygen cylinder was only at 50% capacity and defibrillator pads were due to expire within two weeks. There were also undiscarded stocks of expired medicines and out of date first aid supplies. We brought this to the attention of the orthodontist. Following the inspection they wrote to us to say that all out of date or unsuitable for use items had been discarded, re-ordered and received. In addition, we were informed that a new system for monitoring emergency equipment on a daily (oxygen and defibrillator) and monthly basis (medicines, first aid and other equipment) had been implemented.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. Records for staff recruitment were not available during the inspection as the orthodontist told us that records were kept off site. We asked staff about recruitment processes. They told us that they had all submitted a Disclosure and Barring Check upon employment and references for their posts were taken up. Following the inspection the orthodontist wrote to us to tell us that staff records were being moved to secure storage within the practice.

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

Monitoring health & safety and responding to risks

The practice's had a range of health and safety policies and risk assessments, but they were not up to date as the last review was dated 2012. The practice's fire risk assessment was not in sufficient detail to capture specific risks present in the building design, for example with respect to an escape route through an adjacent building and through a room which stored medical gases. Fire drills were not being carried out. The orthodontist wrote to us following the inspection to tell us that fire drills were being introduced on an at least twice yearly basis.

Are services safe?

The risk assessment for the Control of Substances Hazardous to Health (COSHH) had not been reviewed since 2012 and the orthodontist told us that safety data sheets were not stored at the practice. Following the inspection they wrote to us to tell us that information was now at the practice and that a review of COSHH information was underway in conjunction with the staff team.

The practice had current employer's liability insurance.

A dental nurse worked with the orthodontist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They largely followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health but improvements could be made.

Staff completed infection prevention and control training every year.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, there were no records of daily and weekly checks, such as foil strip or protein residue tests, as recommended when using the ultrasonic bath for cleaning dental instruments. Following the inspection the orthodontist wrote to us to tell us that a log book for ultrasonic cleaning had been purchased and that foil strip and protein residue checks had been introduced and were now being recorded.

The practice was not carrying out an infection prevention and control audit twice a year as recommended. We were told that an audit was not available to view but that the twice yearly audits would be introduced.

The practice had processes to reduce the possibility of Legionella or other bacteria developing in the water systems, but this was not informed by a risk assessment. Following the inspection the orthodontist wrote to us to tell us that a company specialising in Legionella risk assessment had been contacted to arrange a date to assess the premises.

We saw that the practice had a clinical waste contract and there were consignment collection notes. We noted that the clinical waste bag waiting for collection was not secured and was not labelled to ensure traceability of source of origin. We raised this with the orthodontist who wrote to us to tell us that cable ties had been sourced from the waste contractor to ensure bags waiting for collection were suitably sealed and that the bags were now marked with postcode and house number as recommended.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

Servicing documentation was seen for the decontamination room equipment. Staff carried out checks in line with the manufacturers' recommendations.

The practice did not prescribe medicines, in line with orthodontic dentistry.

Radiography (X-rays)

The practice had arrangements to ensure the radiation safety of the X-ray equipment through a contract to check on the equipment. However, there had been no check on the electrical safety of the X-ray equipment. We brought this to the attention of the orthodontist. Following the inspection they wrote to us to tell us that an electrical contractor had been booked to complete these safety checks.

We discussed the fullness of care records regarding radiographs they had taken. Improvements could be made as records did not always fully capture that radiographs were justified, graded and reported on. There were also no radiography audits every year in line with current guidance and legislation. Following the inspection the orthodontist wrote to us to tell us that a radiograph audit was planned.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept orthodontic care records containing information about the patients' current dental and orthodontic needs, past treatment and medical histories. We checked records to confirm that the orthodontist assessed patients' treatment needs in line with recognised guidance and saw that improvements could be made in ensuring that records were full and complete.

The practice was not auditing patients' dental care records to check that the necessary information was recorded. We discussed this with the orthodontist. They told us they would conduct an audit to check that they were completing records in line with guidance.

Health promotion & prevention

The practice promoted preventative care and was aware of guidance to ensure better oral health, in line with the Delivering Better Oral Health toolkit.

The orthodontist told us that, where applicable, they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental and orthodontic products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice told us that they had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs throughout the year on an informal basis with the orthodontist.

Working with other services

The orthodontist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The orthodontist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the 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. However, not all of the team were clear about their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The orthodontist, but not all other staff, was 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect patients' diversity and human rights.

Patients commented positively that staff were polite, welcoming and informative. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided reasonable privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception appointment book was not visible to patients and staff did not leave personal information where other patients might see it. They stored paper records securely. The practice did not use electronic records.

There were magazines in the waiting room. The practice provided drinking water on request.

Information leaflets and thank you cards were available for patients to read.

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 orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options. We noted that carbon copies of NHS orthodontic acceptance treatment estimate forms intended to be kept in patients notes were not retained in the patient care records we looked at. We raised this with the staff at the practice. They said they could not explain why the copies of the forms were not filed with the records, as this was the usual place. We were told that a search for the forms would take place and a system introduced to ensure that all forms were filed correctly.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice did not have a website, but there was information about the practice on the NHS choices website. The practice's services included orthodontic advice and treatment.

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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, if a patient had limited mobility, the orthodontist said it could be possible to examine them in the ground floor waiting room when the practice was normally closed.

Staff told us that they telephoned some patients the day before or on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice treatment room was on the first floor, accessed by stairs. Therefore people with limited mobility or wheelchair users could not access the treatment room. The staff told us that restrictions on access were explained to patients upon referral or enquiry.

Staff said they had access to interpreter/translation services which included British Sign Language and braille but that they had never had to use it.

Access to the service

The practice displayed its opening hours in the premises and on the NHS Choices website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The answerphone provided telephone numbers for patients needing emergency treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The orthodontist was responsible for dealing with these. Staff told us they would tell the orthodontist about any formal or informal comments or concerns straight away so patients received a quick response.

The orthodontist told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. There had been no complaints made.

Are services well-led?

Our findings

Governance arrangements

The orthodontist had overall responsibility for the management and clinical leadership of the practice. Their governance arrangements were not sufficiently robust as practice policies, procedures and risk assessments to support the management of the service and to protect patients and staff had not been kept up to date. Arrangements to monitor the quality of the service and make improvements also could be improved.

We saw that the practice policies had not been reviewed since 2012. Guidance and legislative changes since this date were not reflected in the policies. This meant that the staff team were not aware of such updates. There was no governance plan in place to structure review of policies or risk assessments; this was done on an ad hoc basis. We discussed this with the orthodontist. Following the inspection they wrote to us to tell us that they had sourced professional advice in planning to revise and update the practice policies.

Staff were aware of the importance of practice protocols to protect patients' personal information.

Leadership, openness and transparency

Staff were not aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. However, staff said that there was an open culture at the practice. They said the orthodontist 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 orthodontist was approachable, would listen to their concerns and act appropriately. The orthodontist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice lacked quality assurance processes to encourage learning and continuous improvement. No clinical or governance audits were taking place. We discussed this with the orthodontist. Following the inspection they wrote to us to tell us that a plan had been developed for an annual audit cycle.

The orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team discussed their learning needs, general wellbeing and aims for future professional development through an informal appraisal process.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. 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.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as reading material choices in the waiting room.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Cullompton Orthodontic Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">· The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, by ensuring that the practice is supported by up to date policies and protocols reflecting current legislation and guidance. In particular; assessment of risks associated with Legionella, fire and the Control of Substances Hazardous to Health (COSHH) and regular X-ray equipment maintenance. |