Mr Saqib Jawed Siddiqui

Redcliffe Orthodontics

Inspection Report

Redcliffe Orthodontics
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Date of inspection visit: 30 January 2018
Date of publication: 14/02/2018

Overall summary

We carried out this announced inspection on 30 January 2018 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 that we were inspecting the practice. They did not provide any information.

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.

Background

Redcliffe Orthodontics is located in the Battenhall area of Worcester and provides specialist NHS and private orthodontic treatment to patients of all ages. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the

teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the

Summary of findings

problem falls below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment.

There is level access for people who use wheelchairs and pushchairs due to a large ramp to the front of the building. The ground floor of the practice consists of a reception area, a waiting room, an accessible patient toilet, a dental treatment suite with two dental chairs, an x-ray room and a decontamination room for the cleaning, sterilising and packing of dental instruments. On the first floor there is a staff room / kitchen, a management office, a preventative dental unit room and staff toilet facilities. Car parking spaces, including appropriate space for blue badge holders, are available in the dedicated on site car park.

The practice team consists of the principal orthodontist, an orthodontic therapist, a lead dental nurse, three dental nurses and one receptionist. The practice has one treatment room containing two treatment chairs.

The practice is owned by an individual who is the principal 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 58 CQC comment cards filled in by patients and looked at the most recent patient survey undertaken in 2017. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Friday 9am – 5pm

Our key findings were:

- Strong and effective leadership was provided by the principal orthodontist and an empowered lead dental nurse. Staff felt involved and supported and worked well as a team.
- The practice was visibly clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The practice had fully embraced the concept of skill mix and extended duties to enhance the delivery of effective orthodontic care to patients.
- 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.
- The practice asked staff and patients for feedback about the services they provided. Information from 58 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- The practice dealt with complaints positively and efficiently.

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?

No action

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. They used learning from incidents and complaints to help them improve. We found that these were standing agenda items at regular practice meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The orthodontic care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance in relation to orthodontics including that from the British Orthodontic Society to guide their practice.

The practice provided nurse led oral hygiene education under referral from the orthodontist in the preventative dental unit room. The oral hygiene education was prescriptive and could include tooth brushing techniques and dietary advice using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

Patients described the treatment they received as excellent and provided with care and attention to detail resulting in wonderful results. 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. The practice had fully embraced the concept of skill mix and extended duties to enhance the delivery of effective orthodontic care to patients.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 58 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, cheerful and kind. They said that the orthodontist gave them detailed explanations of treatment options, was knowledgeable and put them at ease during appointments. Patients also said that they felt valued and listened to by the dental team.

Patients commented that they made them feel comfortable, especially when they were anxious about visiting the dentist. All the patients commented that the quality of care was very good with many stating that the treatment results had exceeded their expectations.

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?

No action 

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 in the event of a broken appliance or problem with a brace.

The practice was aware of the needs of the local population and took those these into account in how it ran. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints procedure in the reception area and details of this in their patient information leaflet.

Are services well-led?

No action 

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

Strong and effective leadership was provided by the principal orthodontist and empowered lead dental nurse. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal orthodontist and lead dental nurse. All the staff we met said that they were happy in their work and the practice was a good place to work.

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. 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 practice monitored clinical and non-clinical areas of their work to help them improve and learn. The practice proactively sought feedback from staff and patients, which it acted on to improve its services.

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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They had recorded 4 incidents in the past 12 months which were discussed at end of day huddle meetings to share learnings and implement improvements.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future on file 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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had completed level two safeguarding training, with the exception of the principal orthodontist and orthodontic therapist who had completed level three. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, there were safeguarding flow charts in the X-ray room which detailed relevant local authority contact details.

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 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 comprehensive business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) and emergency medicines as set out in the British National Formulary guidance, and these were stored appropriately. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

A team member was delegated the responsibility for checking the emergency medicines and equipment to ensure they were available and in date. We saw records to show the emergency medicines were checked and in date.

Staff had completed annual basic life support training and training in how to use the defibrillator in May 2017. In addition to this staff completed medical emergency training every year and carried out medical scenario training several times a year as part of their six weekly staff meeting in house training sessions.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for four staff members which showed the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we reviewed were in accordance with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice manager had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

One of the dental nurses was the delegated as the health and safety lead for the practice and their duties included ensuring health and safety policies, risk assessments and the control of substances hazardous to health (COSHH)

Are services safe?

folder were kept up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had a current employer's liability insurance.

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

The practice had carried out a fire risk assessment in February 2017. Fire procedures were displayed throughout the building with exit signage in braille and we observed weekly smoke detector checks were carried out by practice staff. The practice carried out six monthly fire drills which were discussed at practice meetings; the last fire drill was completed in November 2017. External specialist companies were contracted to service and maintain the smoke detectors and fire extinguishers. We saw annual servicing records for these which were all dated within the last year.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had detailed information relating to COSHH. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

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. Staff completed infection prevention and control training every year.

There was a dedicated decontamination room which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the dental treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices. We saw records which 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 completed in December 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in February 2017. We noted that a recommendation made in the practice's legionella assessment to remove two dead legs in the pipework, had been actioned.

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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

We observed that the practice had equipment to deal with minor first aid such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation; this was last completed in September 2017.

The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography.

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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontist assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society.

The practice used an orthodontic therapist to improve the outcomes for patients (Orthodontic therapists are registered dental professionals who carry out certain parts of orthodontic treatment under prescription from an orthodontist). They worked within their scope of practice to treat patients under the prescriptions provided by the orthodontist.

We saw several examples of detailed treatment plans provided by the orthodontist. Dental care records shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Treatment plans were completed and given to each patient, these included the cost involved if private orthodontic treatment had been proposed. Patients were monitored through follow-up appointments and these typically lasted between eighteen months to two years for a course of orthodontic treatment.

We saw that the practice audited patients' dental care records annually to check that the orthodontist recorded the necessary information. This was last completed in June 2017.

Health promotion & prevention

The practice was highly focussed on the prevention of dental disease and the maintenance of good oral health during the patients' course of orthodontic treatment. The practice provided nurse led oral hygiene education under referral from the orthodontist in the preventative dental unit room. The oral hygiene education was prescriptive and could include tooth brushing techniques and dietary advice using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

The dental nurse also provided specific details on how to look after the orthodontic braces to prevent problems during orthodontic treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces; these were available for sale in reception. These included disclosing tablets that could be used to help patients improve cleaning the areas of their teeth that are hard to reach due the fitted braces.

Staffing

Staff new to the practice 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.

The practice consisted of the principal orthodontist, an orthodontic therapist, a lead dental nurse, three dental nurses and one receptionist. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the principal dentist and lead dental nurse. They told us they felt they had received appropriate training to carry out their role and were encouraged

to develop their skills.

In addition to the use of an orthodontic therapist, the principal orthodontist encouraged the development of the extended duty dental nurse role (EDDN). We found that dental nurses had received additional training in specialist orthodontic nursing, radiography, impression taking, dental photography and oral health education.

Staff told us they discussed training needs through their personal development plans and at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The orthodontist confirmed they would refer 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.

The practice was a specialist referral practice for orthodontics for practices across the Worcester area. Practices referring patients for NHS treatment were required to complete a referral form to enable patients to access services.

Are services effective?

(for example, treatment is effective)

The orthodontists would work with other services if patients required other specialist input such as that from consultant restorative and maxillo-facial services as part of the patient's orthodontic

treatment.

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. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. This included the extensive use of dental photography which was used as part of the initial patient assessment and throughout the course of the orthodontic treatment to provide a record of the progression of the treatment through to the final treatment outcome.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults and guidance relating to the treatment of young people aged under 16 years who lack the capacity to make particular decisions for themselves. The practice team understood the relevance of this legislation to the dental team and had completed relevant training. 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 people's diversity and human rights.

Patients commented positively that staff were professional, cheerful and kind. We saw that staff treated patients respectfully 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 some 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 computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and there were magazines in the waiting room. The practice provided drinking water in the waiting room.

Information folders, patient survey results 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.

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

The practice's website provided patients with information about the range of orthodontic treatments available at the practice. This was further supported by in-depth treatment option leaflets which were available within the practice.

The treatment room had a screen so the orthodontist could show patients photographs and X-ray images when they discussed treatment options.

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.

Staff described an example of a patient who found it difficult to have impressions taken and refused to have an impression tray placed in their mouth. The team gave the patient an impression tray and discussed how this was going to be used demonstrating this to the patient. The patient then practiced placing the tray in their own mouth at home until they were comfortable enough to have this undertaken at the practice.

Promoting equality

The practice completed a disability audit to identify where they could make improvements and reasonable adjustments for patients with disabilities. Adjustments already in place included step free access, a hearing loop, a magnifying glass, large print documents and an accessible toilet with hand rails. Following the audit the practice purchased a water bowl for assistance dogs to use.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. Fire exit signage was in braille.

Access to the service

The practice displayed its opening hours on the front door of the premises, in their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum and were in the process of auditing patient waiting times.

The practice was committed to seeing patients experiencing discomfort or problems with their braces on the same day and kept some appointments free for same day appointments. The website, information leaflet, signage on the outside of the practice and the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine 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 principal orthodontist was responsible for dealing with these. Staff told us they would tell the principal orthodontist about any formal or informal comments or concerns straight away so patients received a quick response.

The lead dental nurse told us they aimed to settle complaints in-house and invited 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 and a copy of the complaints procedure was on display in the waiting room.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist orthodontist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service.

There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as safeguarding, infection control, health and safety, information governance and nursing.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had an information governance lead who ensured that arrangements were in place and staff were aware of the importance of this 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 orthodontist and lead dental nurse encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal orthodontist and lead dental nurse were approachable, would listen to their concerns and act appropriately. The principal orthodontist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held daily huddle meetings and six weekly staff 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 had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal 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 had annual appraisals and had completed personal development plans. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The principal orthodontist encouraged the development of the extended duty dental nurse role (EDDN). We found that dental nurses had received additional training in specialist orthodontic nursing, radiography, impression taking, dental photography and oral health education. 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, suggestion cards, verbal comments, appraisals and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example, following a suggestion from the patients suggestions the box the practice placed an elastics colour chart in the waiting room so that patients could choose what colour elastics they would like prior to receiving their treatment.

The practice compiled all of the suggestion cards on an annual basis and developed a feedback response book that contained all of the suggestions received alongside the practices responses and any actions taken as a result. This book was kept in the waiting room for patients to review.

In addition to this the practice sought patient feedback from 100 patients via an annual patient satisfaction survey. The results were collated, analysed, discussed as a team

Are services well-led?

and then detailed in an annual newsletter that was displayed in the waiting room. The analysis from the 2017 survey showed that 97% of patients felt that they received good or excellent customer care, 80% of this was excellent.

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. We saw that results from the survey in December 2017 showed that 96% of respondents were extremely likely to recommend the practice to a friend or family member.

Staff surveys were also completed on an annual basis to ascertain staff morale and well-being.