

Portman Healthcare Limited

Eastfield House Specialist Orthodontic Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 February 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask five key questions:

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

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.

Background

Eastfield House Specialist Orthodontic Practice is in Peterborough and provides both NHS and private orthodontic care and treatment for adults and children. The practice is part of Portman Healthcare Limited, who operate a number of dental practices across the UK.

The practice has made reasonable adjustments to support patients with additional needs. There is ramp access to the premises for people who use wheelchairs and downstairs treatment rooms. However, there is not a fully accessible toilet. There is a dedicated parking space for people with disabilities directly outside the building.

The dental team includes 1 orthodontist, 1 orthodontic therapist, 5 dental nurses, a practice manager, an interim practice manager, a receptionist and a treatment co-ordinator. The practice has 2 treatment rooms.

During the inspection we spoke with the practice managers, a quality lead, the orthodontic therapist, 2 dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays from 8.30am to 7.30pm; on Tuesdays, Thursdays and Fridays from 8am to 6pm and on Wednesdays from 8am to 7.30pm.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible.

Staff told us of a recent concern they had encountered, which highlighted their knowledge of the importance of checking parental responsibility. Staff told us that they could add pop-up information on patients' notes to help staff identify any looked after children, or any patient with concerns.

The practice had infection control procedures which reflected published guidance. Although staff scrubbed dirty instruments manually, the manager told us plans were in place to obtain an ultrasonic bath so that cleaning could be undertaken in a safer way for staff.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective. Recommendations from the latest risk assessment in September 2022 had been implemented.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were comprehensive and covered a wide range of areas.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Different medical emergency scenarios were discussed at practice meetings to ensure staff knowledge and skills were kept up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health.

Are services safe?

Information to deliver safe care and treatment

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

Track record on safety, and lessons learned and improvements

The practice had implemented effective systems for reviewing and investigating incidents and accidents. These were logged centrally and monitored by the provider's head office to ensure learning could be shared across all the practices within the Portman group.

There was a system for receiving and acting on national patient safety alerts. Minutes of the practice meeting we viewed showed that safety alerts were a standing agenda item, so that all staff were aware of any relevant alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. A range of clinical audits was completed to ensure patients received effective and safe care.

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

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The practice sold products such as orthodontic oral hygiene kits, mouthwash and toothbrushes to support patients with their oral hygiene.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the orthodontist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every six months following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Staff told us that they did not feel rushed and had plenty of time to conduct their work. The dental therapist worked with chairside support.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Patient referrals were monitored to ensure their timely management.

Are services caring?

Our findings

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

Kindness, respect and compassion

Surveys we reviewed showed that patients rated the practice highly, especially in relation to the friendliness and helpfulness of staff.

Staff had undertaken training courses in learning disability and autism to help them better understand the needs of patients living with these conditions.

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. They described some of the practical ways they supported nervous patients and told us that during the Covid-19 pandemic they had delivered emergency care kits to patients. They also told us they had prioritised the treatment for a young person who was being bullied at school because of their teeth.

The practice actively supported a local charity for young people in Peterborough.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

Screens at reception were not overlooked and computers were password protected.

Although the reception area was not particularly private, the receptionist told us some of the practical ways she maintained patients' confidentiality when on the phone.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment. There was information on the practice's website about aligners, retainers and braces.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

Despite not having a fully accessible toilet, the practice had made reasonable adjustments for patients with disabilities which included ramp access to the premises, downstairs treatment rooms and a portable induction loop.

Staff could access translation services for patients who did not understand or speak English.

Timely access to services

The practice offered extended opening hours until 7.30 pm on alternating Mondays and Wednesdays.

At the time of our inspection, the practice was able to take on new patients, although waiting times until initial consultation were about 12 to 18 months, followed by another 12 to 18 months for treatment to start.

Listening and learning from concerns and complaints

Information about how to complain was available in the waiting area and on the practice's website. The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning. We reviewed the management of a recent complaint and noted it had been dealt with in a timely, empathetic and professional way. All complaints received were logged centrally and their progression was monitored by the provider. The practice's receptionist spoke knowledgeably about how they would deal with a patient complaint.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found there was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

At the time of our inspection the registered practice manager was on maternity leave, however an interim manager was in place. Despite being on maternity leave the registered manager attended our inspection demonstrating their commitment to the practice. Both managers reported they were well supported by the provider's operations managers and quality leads who visited regularly to support them in the management of the service.

The information and evidence presented during the inspection process was clear and well documented. Much of it was stored on the provider's on-line governance tool, which was used to help achieve compliance.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety. Staff understood their responsibilities under the Duty of Candour, and information about it was on display in the staff room.

Staff stated they felt respected and valued, citing good communication, teamwork and management as the reasons. The spoke highly of both the registered and interim managers.

Staff discussed their training needs during annual development reviews, which staff told us were useful.

Governance and management

The practice was part of a corporate group which had a support centre with teams including human resources, finance, compliance and clinical support. These teams supported and offered advice and updates to the practice when required.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Communication systems in the practice were good with regular staff meetings, daily huddles and a social media group to ensure key information was shared. The provider sent round a weekly bulletin email to all its practices which included the latest guidance and any issues of concern. Minutes of staff meetings we reviewed were detailed and topics such as infection control, clinical updates, performance and the latest guidance were discussed at each meeting.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, we noted that some patients' paper notes had been left out in the manager's office. The manager assured us these would be secured immediately.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients via the Friends and Family Test, on-line reviews and surveys emailed by the provider to randomly chosen patients. Survey results we reviewed indicated high levels of satisfaction with the service. On-line patient reviews were actively monitored and responded to by the practice and, at the time of our inspection, the practice had scored 4.8 stars of 5 based on 125 reviews.

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

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff could access on-line training paid for by the provider and the training records we viewed demonstrated they had undertaken a range of training relevant for their role.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control.

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