

Windmill (Heaton) Orthodontics Limited

Windmill Heaton Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 4 September 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. They did not provide any information of concern.

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

Summary of findings

Windmill Heaton Orthodontics is located in Newcastle Upon Tyne and provides NHS and private orthodontic treatment to adults and children. The practice operates on a referral-only basis.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes three specialist orthodontists, four orthodontic therapists, five dental nurses who also perform reception duties, a practice coordinator, a practice manager and a secretary.

The practice has two treatment rooms, one of which is open plan with four dental chairs within, to deliver orthodontic treatments. There is a dedicated room for taking X-rays used in orthodontic treatments; orthopantomogram (OPG) and lateral cephalometric X-rays.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Windmill Heaton Orthodontics was the practice coordinator.

On the day of inspection we collected 47 CQC comment cards filled in by patients which gave us a positive view of the practice.

During the inspection we spoke with one specialist orthodontist, three orthodontic therapists, five dental nurses / receptionists, the secretary, the practice manager and the practice coordinator.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday – Friday 0830-1730.

Our key findings were:

- The practice was clean, well maintained and had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available apart from two items.
- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines for general dentistry and orthodontic treatments.
- 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 had effective leadership. Staff felt supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's radiography quality assurance protocols to ensure that, where appropriate, audits have documented analysis or 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. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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.

No action



Are services effective?

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

The specialist orthodontists assessed patients' needs and all dental professionals provided care and treatment in line with recognised guidance. Patients commented they were treated with respect and dignity in a clean environment and that staff were sensitive to their specific needs. The dental professionals 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 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and professional. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

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 in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to 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.

No action



Are services well-led?

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

There was a clearly defined management structure and staff felt supported and appreciated.

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.

The practice team kept complete patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. Staff told us the analysis of X-rays was not formally documented. Analysis and action plans (where relevant) of other clinical and non-clinical areas of work, including asking for and listening to the views of patients and staff, were well-documented.

No action



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.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw the practice had not received all relevant alerts within the last 12 months. The practice manager took immediate action to review these alerts and action any recommendations. They also immediately implemented a process to ensure all safety alerts were received and shared appropriately.

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 received safeguarding training to the recommended level. 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 dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items.

The practice had a business continuity plan describing how the practice would deal 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 apart from a paediatric resuscitator and its attachment masks. These were ordered immediately and we received evidence of this shortly after the inspection concluded. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

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 health and safety policies and risk assessments were reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the specialist orthodontists and orthodontic therapists when they treated patients.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Are services safe?

The practice carried out an infection prevention and control audit twice a year. The latest audit 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. We saw their original risk assessment was carried out prior to the installation of a new boiler and shower. Regular samples of water were sent for testing however there was no further review of the risk assessment in place. We spoke about the need to review their original risk assessment due to the changes within the building; a new risk assessment was immediately arranged.

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.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The practice had an OPG (orthopantomogram) machine which gives a 2-dimensional representation of the upper and lower jaws. This machine could also take a cephalogram for use in orthodontic treatments.

The practice met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that staff justified, graded and reported on the X-rays they took. They monitored the grades of all X-rays in order to assess their quality; there was no written analysis of this.

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 specialist orthodontists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that staff recorded the necessary information.

The orthodontists carried out detailed assessments and treatments were provided in line with recognised guidance. Patients were recalled at suitable intervals for reviews of the treatment.

We spoke with a specialist orthodontist and three orthodontic therapists who described to us the patient referral system and treatment journey. We were told of the procedures used by the orthodontist therapists to support the specialist orthodontists within the practice. They told us they worked under supervision and a full prescription was provided within their scope of practice.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Dental professionals told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets (tailored to orthodontic treatments) to help patients with their oral health.

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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. Staff reported that they felt valued.

Working with other services

The practice received referrals for orthodontic treatment. We spoke to staff about the two-way communication process for these referrals and on-going care. It was evident appropriate systems were in place to acknowledge the referral, assess and treat the patient and inform the referrer of the patient's progress. Upon completion of treatment, a detailed letter would be sent to conclude the referral.

The specialist orthodontist we spoke to confirmed the practice referred patients to 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 did not actively monitor urgent referrals to make sure they were dealt with promptly; this was discussed and implemented immediately.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We viewed examples of consent forms; these contained comprehensive detail of orthodontic procedures. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were 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 people's diversity and human rights.

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

Staff were aware of the importance of privacy and confidentiality. The practice had two treatment rooms, one being a large open-plan room with four dental chairs. We spoke to staff about the mechanisms to maintain confidentiality as far as reasonably practical. Patients were provided with a choice of the open-plan treatment room or the single dental chair room at the onset of their initial appointment. This was also clearly described in the practice's welcome letter which all patients receive upon referral. The practice was in the process of updating their information on their television in the waiting area to include a message about confidentiality and options for treatment rooms.

The layout of reception and waiting areas provided 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 passwords 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 and a television in the waiting area.

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. During the inspection, dental professionals 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 pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice.

Each treatment area / room had a screen so the dentists 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 described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the orthodontist or orthodontic therapist could see them as soon as possible after they arrived.

Staff told us that they telephoned patients and / or sent message reminders to make sure all patients were reminded of their appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails. The practice had recently purchased an alarm bell for their accessible toilet but had not considered the needs of all other patient groups (such as people with reduced sight or hearing loss) and this was immediately addressed.

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.

Access to the service

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

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

The practice was committed to seeing patients experiencing orthodontic emergencies on the same day and kept appointments free for this purpose. The practice leaflet 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 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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.

We looked at comments, compliments and complaints the practice received within the last 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

One of the specialist orthodontists and the practice coordinator had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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 information governance arrangements and staff were aware of the importance of these 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 practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager 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 had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and

control. They had clear records of the results of these audits and the resulting action plans and improvements. The specialist orthodontists and orthodontic therapists used a quality assurance grading system for any X-rays taken. We saw evidence of these X-ray grades in the clinical records and we were told these were monitored. Staff told us the analysis of these grades was not formally documented. The practice manager assured us this would be implemented and we received comprehensive analysis reports the next day.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by other individual members. Staff had annual appraisals where 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 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.

Staff were dedicated to ensure the practice was following up-to-date guidance; on the day of the inspection staff were open to feedback and took immediate actions to address any shortcomings raised.

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

The practice used patient surveys/comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. An example of this was described where by a patient requested flexible appointment times over lunch so school children would be able to attend without missing their lessons; these were implemented by the practice and staff lunch times adjusted.

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.