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Octagon Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 27 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Octagon Orthodontic provides private orthodontic treatment (dental treatment which involves the improvement of the appearance and position of mal-aligned teeth) to patients of all ages in Ealing and the surrounding areas.

Practice staffing consists of the principal orthodontic specialist, who is also the owner, one dental nurse, customer service advisor/receptionist and a practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 practice is open once a month on a Friday, every other Tuesday and two Saturdays a month.

The practice facilities are over two floors. An X-ray room, decontamination room, reception and waiting area are downstairs and upstairs is the treatment room and a staff room.

Eight patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received and about the service. Patients told us that they were happy with the orthodontic treatment and advice they had received.

Summary of findings

Our key findings were:

- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- There were systems in place to ensure that all equipment was maintained in line with manufacturer's guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.

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 in place for identifying, investigating and learning from incidents relating to the safety of patients. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies and staff had annual training.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

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

Patients received a comprehensive assessment of their orthodontic needs including a review of their medical history. Dental care records included details of risks of and benefit of orthodontic treatment.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible within 24 hours at the practice or at their satellite practice which is situated 15 minutes from the practice

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

Are services well-led?

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

Summary of findings

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required.

Octagon Orthodontics

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 27 May 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the principal dentist, one dental nurse and one receptionist on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had no accidents in the past 12 months. All staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The principal dentist and staff demonstrated an understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed on the staff-room notice board and available in the safeguarding folder. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately.

Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

Staff recruitment

Practice staffing consists of the principle principal orthodontic specialist, who is also the owner, one dental nurse, customer service advisor/receptionist and a practice manager.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

All prospective staff completed an application form and were interviewed as part of the recruitment and selection process.

All staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Where relevant staff had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).

Are services safe?

We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been completed in March 2016.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This included manually cleaning instruments-scrubbing, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclave, to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice. Cleaning schedules were in place. Colour coded cleaning equipment was not stored at the practice; this was supplied by the external cleaning company.

An up to date Legionella risk assessment had been carried out in April 2016 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

An infection prevention control (IPC) audit had been carried out in the last 12 months

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclaves. The autoclaves were serviced in February 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in April 2016.

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines.

Are services safe?

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser

(RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in May 2015.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted on an annual basis.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive orthodontic assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity. The reason for visit was documented and a full orthodontic assessment was completed.

Health promotion & prevention

Staff told us that they gave health promotion and prevention advice to patients. Leaflets relating to diet, Brushing techniques were demonstrated and diagrams used to help patients understand the benefits of maintaining good oral health while undertaking orthodontic treatment.

The practice manager told us that health promotion was a priority for the practice because of the nature of the treatment carried out at the practice. They encouraged staff to actively promote good oral health to patients.

A practice magazine was given to all patients with complex information on orthodontic treatment.

Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must

carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The principal dentist monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. All staff had a good understanding of the requirements of the Mental Capacity Act (MCA) 2005, and Gillick competence. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately, All patients undergoing orthodontic treatment sign a consent form. Patients who provided feedback confirmed that their consent was obtained for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from eight patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the

secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentists explained how they involved patients in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available and fitted in around scheduled appointments.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff we spoke with explained to us how they supported patients with additional needs such as children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including Polish, Urdu, Punjabi, Romanian and Yoruba; staff also had access to online translation if required.

Access to the service

Appointments were booked by calling the practice.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaint within the last 12 months.

Are services well-led?

Our findings

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