

Northwest Orthodontists Limited

# Ashton Primary Care Centre, Dental Department

## Inspection Report

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### Overall summary

We carried out this announced inspection on 19 November 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.

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**

Northwest Orthodontics Limited provides a NHS Orthodontics service to children under 18 years of age. The service is provided one day per week from the dental department of the Ashton Primary Care Centre.

There is lift access to the dental department for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the Primary Care

# Summary of findings

Centre. The dental department is shared with two other dental services and includes a reception, eight treatment rooms, an X-ray room and an instrument decontamination room.

The dental team at Northwest Orthodontics includes the principal orthodontist and an associate orthodontist, an orthodontic therapist, four orthodontic nurses and three receptionists. The company practice manager supported the team during the inspection.

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 Northwest Orthodontics Limited is the principal orthodontist.

On the day of inspection, we collected 26 CQC comment cards filled in by patients.

During the inspection we spoke with the principal orthodontist, the associate orthodontist, two orthodontic nurses, a receptionist and the company practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The service is provided on a Monday 9am – 5pm

## **Our key findings were:**

- The dental department appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the current process to ensure the availability of equipment to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the current process for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

# 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 orthodontic service was providing safe care in accordance with the relevant regulations.

The service 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 people 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. With the exception of some emergency equipment, such as airways, self-inflating bags and face masks, the remaining emergency equipment and medicines were available as described in recognised guidance. The missing items were ordered during the inspection and evidence of this was received.

The risks that can be caused from substances that are hazardous to health had not been assessed.

No action



### Are services effective?

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

The orthodontists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good, excellent and amazing. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

No action



### Are services caring?

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

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service provided. They told us staff were professional, helpful and caring.

No action



# Summary of findings

They said that they were given helpful, honest explanations about their orthodontic treatment, and said their orthodontist listened to them. 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.

## **Are services responsive to people's needs?**

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

The orthodontic service's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain. Patients could attend the main practice for emergency appointments when the service was not available in Ashton.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The service had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The orthodontic service 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 orthodontic service was providing well-led care in accordance with the relevant regulations.

The orthodontic service had arrangements to ensure the smooth running of the service. This included systems for the orthodontic 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 team kept complete patient dental care records which were clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

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

The service had clear systems to keep patients safe.

Staff understood their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The orthodontic service 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 and the orthodontists were trained to the advanced level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Staff explained that a failure to attend an appointment could raise concerns in relation to safeguarding. As a result, they have implemented effective follow up procedures to establish reasons for non-attendance with the aim of re-booking the patient for on-going treatment.

The service had a system to highlight vulnerable patients on records, for example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

Staff were aware of systems to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The service had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Staff were well-informed and gave examples of when the policy would be used.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the service.

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

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

The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Gas and electrical safety was managed by the primary care centre facilities department; we saw maintenance records to support this.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, was regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced by the facilities department. A visual check of fire extinguishers was recorded by staff on the day they operated from the department.

The service had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the orthodontists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The service had health and safety policies, procedures and risk assessments in place and these were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

# Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. With the exception of two staff members, the effectiveness of the vaccination was checked. We received supporting evidence after the inspection that arrangements had been made to confirm the effectiveness of the vaccination for two staff members and an interim risk assessment put in place to ensure safer working practice.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

The process to manage emergency equipment and medicines in line with recommended guidance could be improved. With the exception of some emergency equipment, such as airways, self-inflating bags and face masks, the remaining emergency equipment and medicines were available as described in recognised guidance. The missing items were ordered immediately during the inspection and confirmation of this was sent to us. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. If a medical emergency had arisen and access to emergency equipment was needed, the service could have used the full range of emergency equipment reserved for one of the other dental services.

A dental nurse worked with the orthodontist and orthodontic therapist when they treated patients in line with GDC Standards for the Dental Team.

The risks that can be caused from substances that are hazardous to health had not been individually assessed. We highlighted this to the provider, who assured us this would be addressed without delay.

The service had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We noted the temperature of the water was not monitored when manually cleaning dental instruments. We highlighted this to the provider who sent evidence after the inspection to confirm the process had been reviewed and was now being carried out, in line with guidance.

Staff completed infection prevention and control training and received updates as required.

The service had suitable arrangements for transporting, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The service had systems in place to ensure that any dental work was disinfected prior to being taken to their own dental laboratory and before treatment was completed.

The service had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and appropriate dental unit water line management was in place. We reviewed the water testing records which were held by the facilities department.

The department was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance and in line with the Primary Care Centre protocols.

The provider carried out infection prevention and control audits twice a year. The latest audit had not identified where improvements could be made, for example, during the manual cleaning process and no action plans were in place. After the inspection, the provider sent supporting evidence that they had completed a new audit which identified areas for improvement and an action plan was in place.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the orthodontists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

The provider received orthodontic referrals from other general dental practitioners by way of the central referral management system, a self-referral system was not

# Are services safe?

currently in place. The provider explained that they were developing an Index of Orthodontic Treatment Need (IOTN) web-application which would allow patients to self-refer into orthodontics, with the long term aim to make NHS orthodontic referrals more efficient.

## **Track record on safety and lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The team learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service provided orthodontic treatments and had systems to keep dental professionals up to date with current evidence-based practice. Detailed assessments were carried out and treatments were provided in line with recognised guidance. Patients were recalled at suitable intervals for reviews of the treatment.

Orthodontic staff described the patient referral system and treatment journey. The orthodontic therapist worked under supervision and a full prescription which was within their scope of clinical practice.

The service had access to an Orthopantomogram (OPG) machine which gives a 2-dimensional representation of the upper and lower jaws.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The orthodontic nurses had undertaken additional training in oral health education.

The orthodontic dental professionals were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They would meet frequently to discuss orthodontic cases and new approaches to treatment. They were also a member of a 'good practice' certification scheme.

### Helping patients to live healthier lives

The orthodontic dental professionals provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontists referred to the patients' own dentist to prescribe high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The orthodontic dental professionals were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, baby teeth do matter, mouth cancer action month and national smile month. They directed patients to these schemes when necessary.

### Consent to care and treatment

The orthodontists obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The orthodontists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their orthodontist listened to them and gave them clear information about their treatment.

The 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, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The orthodontic dental professionals assessed patients' treatment needs in line with recognised guidance.

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

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the service had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the provider addressed the training requirements of staff.

### Co-ordinating care and treatment



# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Staff monitored all referrals to make sure they were dealt with promptly.

The provider received referrals for orthodontic treatment. We spoke to staff about the two-way communication process for these referrals and on-going care. This included acknowledging the referral, assessing and treating the patient and informing the referrer of the patient's progress.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

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

Patients commented that staff were compassionate and understanding and were kind and helpful when they were in pain, distress or discomfort.

### Privacy and dignity

The service respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The orthodontists gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Staff described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Methods to help patients understand treatment options discussed included images and models.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

### Timely access to services

Patients could access care and treatment within an acceptable timescale for their needs.

The practice displayed its opening hours in the waiting area of the dental department, and included it on their website.

The provider used a text reminder service to help reduce missed appointments.

The service had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen at the primary care centre or at the providers main practice in Oldham. Patients 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.

The staff took part in an emergency on-call arrangement with 111 out of hour's service.

The practice's website and 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 and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service had a policy providing guidance to staff on how to handle a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 in the last 12 months.

These showed the provider responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The provider had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider and practice manager were open to feedback and discussion throughout the inspection and promptly rectified any short-comings that were found during the inspection.

Staff reported the provider and practice manager were approachable. They worked closely with all staff to make sure they prioritised compassionate and inclusive leadership.

### **Vision and strategy If applicable**

There was a clear vision and set of values throughout service. The provider has a realistic strategy and supporting business plan to achieve priorities.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

We saw the provider took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the service. 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 provider 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.

There were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. Patients had commented that they had to wait a long time to get an initial appointment. This information was captured during a satisfaction survey. The provider described how they were involved in an initiative to try different methods to reduce the waiting times. The initiative had successfully reduced waiting times from 36 months to 18 months to date.

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.

The provider 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.

## Are services well-led?

The provider described how they had eliminated delays associated with using an external dental laboratory by incorporating their own dental laboratory into their main practice in Oldham. This change brought about improvements with transportation and turnaround time frames.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

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. We identified improvements could be made to the resulting action plans.

The provider 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 regular appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.