

The Orthodontic Centre (Reading) Ltd

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Inspection report

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Overall summary

We carried out this announced inspection on 5 October 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- Improvements were needed to infection control procedures to ensure they reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the orthodontist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff told us that leaders were approachable, they felt involved, valued and respected and the service was a good place to work.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The Orthodontic Centre (Reading) Ltd is in Reading and provides NHS and private orthodontic dental care and treatment for adults and children.

There is step free access (via a portable ramp) to the practice for people who use wheelchairs and those with pushchairs.

Car parking for disabled people is available near the practice.

The practice has made reasonable adjustments to support patients' access requirements.

The dental team includes 2 specialist orthodontist, 3 dentist with specialist interest (DWSI), 5 orthodontic therapists, 7 dental nurses, 3 reception staff, 1 practice manager, 3 treatment coordinators and 1 administrator.

The practice has 8 treatment areas.

During the inspection we spoke with 1 orthodontist, 1 orthodontic therapist, 3 dental nurses, 2 receptionists, 1 treatment coordinator and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- 8.00am to 4.30pm Monday
- 8.15am to 7.00pm Tuesday and Thursday
- 8.15am to 5.30pm Wednesday
- 7.45am to 4.15pm Friday
- 8.15am to 1.00pm One Saturday per month

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting is at the end of this report.

Summary of findings

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

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure x-ray equipment and emergency medicines and equipment are monitored when not being used.

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? | Requirements notice ✗ |

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, premises, and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have infection control procedures which reflected current published guidance. In particular:

- Manual scrubbing was not carried out correctly.
- A protocol for decontamination glove changes was not available.
- The decontamination nurse was not wearing the correct personal protective equipment when scrubbing instruments.
- Two out of date dental materials were seen in a drawer in treatment area 1 and 2.
- We saw undated pouched instruments in treatment room 5.
- Staff clinical uniforms and outdoor clothes were not stored separately in the staff room which increased the risk of cross infection.

We have since received evidence which confirms these shortfalls have been addressed.

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.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

Recruitment checks had been conducted, in accordance with relevant legislation to help them employ suitable staff.

We noted that a second reference was not obtained for staff in line with the practice recruitment policy.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B.

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

A fire risk assessment had recently been carried out. It was too soon to comment on any actions arising from the assessment.

Fire drills were carried out, but records of staff present, and the evacuation time was not recorded correctly. We have since received evidence which confirms this shortfall has been addressed.

The required radiation protection information was available.

The practice had arrangements to ensure the safety of the X-ray equipment however we noted the area used to house x-ray equipment was not monitored by staff which placed it at risk of unauthorised interference.

We have since received evidence which confirms this shortfall has been addressed.

Risks to patients and staff

Systems to assess, monitor and manage risks to patient and staff safety were not effective. We noted:

Are services safe?

- The first floor waiting area window did not have a restrictor in place. Under health and safety legislation, window restrictors are required where there are people who are vulnerable to the risk of falling, have access to windows, and the windows are at a height that anybody falling out of them is at risk of sustaining a serious injury. We have since been advised this shortfall has been addressed.
- Two staff could not demonstrate how to identify and manage Sepsis in patients. We have since been advised this shortfall has been addressed.

Emergency equipment and medicines were available and checked in accordance with national guidance.

The emergency medicines and equipment kit was situated next to the first-floor patient waiting area. This area was not monitored by staff which placed it at risk of unauthorised interference. We have since received evidence which confirms the kit has been relocated to a suitable location.

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

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

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

The practice had a system for receiving and acting on safety 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.

Orthodontics

The specialist orthodontists 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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as adults and children with a learning disability.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. Evidence presented to us confirmed that:

- Four out of 26 staff did not complete fire safety training in the previous 12 months. We have since received evidence which confirms this shortfall has been addressed.
- Four out of 26 staff did not complete learning disability and autism training. We have since received evidence which confirms this shortfall has been addressed.

Newly appointed staff had a structured induction, but induction records were not signed by staff to indicate their understanding of the practice procedures. We have since received evidence which confirms this shortfall has been addressed.

Co-ordinating care and treatment

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

The practice was a referral clinic for dental orthodontics, and we saw staff monitored and ensured the orthodontists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 4 patients. They all told us that staff were compassionate and understanding and involved them in decisions about their treatment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality, but improvement was needed. In particular:

- The windows to the upper floors did not have sufficient covering in place to protect patient privacy. Blinds were present on some windows but not being used at the time of our visit.
- Glass partitioning on one treatment room door did not fully protect patients' privacy and dignity.

We have since been advised that materials have been ordered to address these shortfalls.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The orthodontist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, X-ray images and 'step by step' information sheets.

We saw quick response (QR) codes displayed in the waiting area which, when scanned provided information to patients and their carers about, good oral hygiene, fixed appliances, interproximal reduction, retainers, the risks of orthodontic treatment, functional appliances, orthodontic treatment, orthognathic treatment, adult orthodontics, your first visit, dummy and thumb sucking habits.

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

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access, wheelchair accessible treatment rooms, a wheelchair accessible toilet and vision aids.

We were told a hearing loop was available however, it was not in use at the time of our visit.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and information booklet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed.

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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

We obtained the views of 13 staff working on the day of our visit. Every member of staff told us that the leaders were approachable, they felt involved, valued and respected and the service was a good place to work.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of fire safety, infection control, training and risks to patients and staff required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions.

Continuous improvement

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, radiographs and infection prevention and control.

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

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Infection control</p> <ul style="list-style-type: none">• Manual scrubbing was not carried out in line with national infection prevention and control guidance.• A protocol for decontamination glove changes was not available.• The decontamination nurse was not wearing the correct personal protective equipment when scrubbing instruments.• Two out-of-date dental materials were seen in a drawer in treatment area 1 and 2.• We saw undated pouched instruments in treatment room 5.• Staff clinical uniforms and outdoor clothes were not stored separately in the staff room. <p>Risks to patients and staff</p> <ul style="list-style-type: none">• The first floor waiting area window did not have a restrictor in place. Under health and safety legislation, window restrictors are required where there are people who are vulnerable to the risk of falling, have access to windows, and the windows are at a height that anybody falling out of them is at risk of sustaining a serious injury.• Two staff could not demonstrate how to identify and manage Sepsis in patients. <p>Privacy and Dignity</p> <ul style="list-style-type: none">• The windows to the upper floors did not have sufficient covering in place to protect patient privacy. |

This section is primarily information for the provider

Requirement notices

- Glass partitioning on one treatment room door did not fully protect patients' privacy and dignity.

Equality Act

- The hearing loop was not in use at the time of our visit.

Fire safety

- Fire drills were carried out, but records of staff present, and the evacuation time was not recorded correctly.
- Four out of 26 staff had not carried out fire safety training in the previous 12 months.