

Ortho Limited

Ortho Limited t/a Cheyne Walk Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 12 March 2019 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask 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 not providing well-led care in accordance with the relevant regulations.

Background

Ortho Limited t/a Cheyne Walk Orthodontics is in Northampton, a town in the East Midlands. The practice provides both NHS and private orthodontic treatments to adults and children. Orthodontics is a specialist dental service concerned with the alignment of the teeth and jaws to improve the appearance of the face, the teeth and their function. Orthodontic treatment is provided under NHS referral for children except when the problem falls

Summary of findings

below the accepted eligibility criteria for NHS treatment. Private treatment is available for these patients as well as adults who require orthodontic treatment. Services of scale and polish are offered to patients as well.

Level access is not available for people who use wheelchairs and those with pushchairs; stepped access is in place at both the front and rear of the building. The premises are situated in a listed building; the potential for extensive modifications to the building is therefore limited. Car parking spaces are available in the practice's car park at the rear of the building.

The dental team includes two orthodontists, two qualified dentists who work as orthodontic therapists, two dental nurses, one trainee dental nurse, a complaints manager, two receptionists and a cleaner.

The practice has four treatment rooms; two are on the ground floor. There is a separate decontamination facility on site.

The practice was undergoing some general refurbishment. New slip resistant and fire-resistant floor coverings were being fitted. The installation of LED lights throughout and air conditioning systems were being placed to maintain consistent temperature throughout the year.

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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. One of the orthodontists told us they were in the process of submitting an application to become the registered manager.

On the day of inspection, we collected 33 CQC comment cards filled in by patients.

During the inspection we spoke with two orthodontists, one nurse, the complaints manager and one receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday and Wednesday from 9am to 5.30pm, Thursday from 9am to 7pm, Friday from 9am to 5pm and on some Saturdays from 9am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff. We found areas that required improvement. Not all risk assessments were available when requested.
- The provider had safeguarding processes; although not all staff training certificates were held on record and made readily available. Staff showed awareness of their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures, but evidence of satisfactory conduct in previous employment had not always been obtained when staff were recruited.
- 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.
- The appointment system took account of patients' needs; after school appointments were available and the practice stayed open longer one day a week.
- 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. A complaints manager oversaw the process.
- Governance arrangements required strengthening. Not all risks arising from the undertaking of the regulated activities had been suitably identified and mitigated.

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.

Summary of findings

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

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. We noted areas for improvement in relation to ensuring that all safety risk assessments had been completed and were available when required.

They used learning from incidents and complaints to help them improve. We however, did identify untoward incidents that had not been recorded formally.

Our review of staff meeting minutes and complaints documentation as well as discussions with staff showed that action had been taken to mitigate risk from recurring.

We saw evidence that most staff had received safeguarding training; we were though, not provided with evidence of training for the locum nurse and one of the receptionists. Staff showed awareness of how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed most essential recruitment checks; evidence of previous satisfactory conduct was not obtained for some members of the team.

Equipment was clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments.

We were not provided with documentation to show that five-year electrical wiring testing had been completed. We were sent information after our visit to show this had now been completed.

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 practice was a referral clinic for orthodontic treatments.

The orthodontists assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society.

Patients described the treatment they received as professional and effective. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their records. We found that not all staff had completed formalised training in consent.

No action



Summary of findings

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

Whilst we were told that staff completed an induction programme, supporting documentation was not provided to us on the day to show this had taken place.

There was scope to improve the formal documenting of appraisals; we were told that meetings held with clinical staff had been informal and records we looked at for reception staff were brief.

The staff were involved in some informal peer review as part of their approach in providing high quality care.

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 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and efficient.

They said that they were given helpful, detailed and informative explanations about dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. We received positive comments about the receptionists and their helpful, friendly manner.

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



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 took account of patients' needs. Patients could get an appointment quickly if in any pain.

Level access was not available for people who used wheelchairs and those with pushchairs. Two treatment rooms were on the ground floor.

The practice had access to interpreter services and staff spoke other languages. The practice did not have a hearing loop. The orthodontist told us that they had not identified a need for this, taking into account the majority of patients were children. There was a patient toilet facility with a tooth brushing area for patients to use if they wished to, prior to their appointment.

The practice took patients views seriously. A complaints manager had been recruited to address and respond to patient concerns.

The practice valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Summary of findings

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the orthodontist to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider asked for and listened to the views of patients and staff.

The clinical team had the capacity and skills to deliver high-quality, sustainable care. We found that improvements were required in the management of the service. The provider required additional support to deliver the practice strategy and effectively address the risks to it.

Not all documentation was accessible to us on the day of inspection as some could not be located.

At the time of inspection there was no registered manager in post as required as a condition of the registration. A registered manager is legally responsible for the management of services for which the practice is registered. One of the orthodontists told us they were taking steps to apply to become the registered manager.

Requirements notice

Are services safe?

Our findings

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

The practice had systems to keep patients safe.

Staff showed awareness of 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 a safeguarding policy although this was not dated. Policy provided staff with information about identifying, reporting and dealing with suspected abuse. Information was also posted in the practice for staff; this contained contact information for reporting concerns. The lead for safeguarding was the complaints manager.

We saw evidence that staff received safeguarding training, although we were not provided with evidence of training for two staff on the day of our inspection. Following our visit, this was provided; the locum nurse certificate did not confirm that training had been completed to level two as recommended for clinical staff. The provider was not aware of the requirement to make a statutory notification to the CQC in the event of a safeguarding referral being submitted.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. A pop up note could be created on patients' record for staff review.

The practice had a whistleblowing policy. Staff we spoke with felt confident they could raise concerns without fear of recrimination. Staff could contact nominated individuals who worked in the practice or if they chose to report externally, there was contact information for Public Concern at Work.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. They told us they had access to a mobile dental unit that could be utilised to see patients.

The practice had a recruitment policy and procedure to help them employ suitable staff. The checklist reflected the relevant legislation. We looked at five staff recruitment

records. These showed the practice followed their recruitment procedure, with the exception of obtaining references for some of the team. One of the dental nurses, one of the orthodontists and the complaints manager did not have these held on their files. We were told that as the dental nurse was also a director of the company and had been known to the provider for many years, this had not been sought. We were informed that references had been obtained for the orthodontist through the locum agency that used to employ them; these were not available for our review.

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

The practice ensured that equipment was safe and maintained according to manufacturers' instructions, including portable electrical appliances.

We found improvements were required in relation to facilities management. We were not provided with documentation to show that five yearly electrical wiring testing and gas safety checks had been undertaken. Following our inspection, we were sent documentation to show that electrical testing had taken place on 16 March 2019.

Records showed that fire detection equipment, such as smoke detectors were regularly tested. Emergency lighting in the basement had also been subject to servicing and testing. We were sent documentation for this after the day of our visit.

Firefighting equipment, such as fire extinguishers, were newly purchased every year.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The Health and Safety Executive (HSE) notification could not be located on the day of our visit; this informs HSE that ionising radiation work is being carried out. This was retrieved and provided to us after the day. We found that not all of the information was held suitably in their radiation protection file or elsewhere. For example, there was no documented list of operators and referrers.

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

Are services safe?

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

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

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

The practice had health and safety policies, procedures and some risk assessments were provided to us on the day. We did not view a lone worker risk assessment for the cleaner who worked alone in the premises; this was sent to us after the day of our visit.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment was not available for us to view on the day. We were sent a generic sharps risk assessment included in a general practice risk assessment after the day of our inspection. This had not been personalised to mitigate the practice's own sharps risks.

The practice had current employer's liability insurance.

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, but we found that the effectiveness of the vaccination had not been checked for two clinical members. A risk assessment had not been undertaken for these staff. Following our inspection, a risk assessment was sent to us, although this did not show whether the staff members had been made aware of it.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support. The orthodontist told us they had delivered the training which was undertaken recently; they told us that they had obtained a training certificate in first aid, cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use and had national vocational qualification (NVQ) level teaching. We noted that the other orthodontist had also completed external training elsewhere within the previous 12 months.

Emergency equipment and medicines were available as described in recognised guidance. We noted that glucagon required its use-by date shortening as it was not held in

cold storage. We were told that action would be taken to amend the date. Staff kept records of their checks of equipment and medicines to make sure these were available, within their expiry date, and in working order.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These included cleaning products for the cleaner.

The practice had an infection prevention and control policy and procedures. They mostly 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 that one of the staff members wore false fingernails and these were visible beyond the fingertip. The practice had an illuminated magnifier to check for residual contamination, debris or damage, however when we looked at this, it was not working. Following our inspection, we were sent evidence that two new illuminated magnifiers had been purchased ready for use.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We looked at the equipment used by staff for cleaning and sterilising instruments to check it was validated, maintained and used in line with the manufacturers' guidance. We noted that time, steam and temperature (TST) strips were used daily for when the vacuum autoclave was running in non-vacuum mode. We noted that one of the autoclaves was showing as having an error. The orthodontist told us after the inspection that it was as a result of a low water warning only.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice told us that they had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We were told that the latest risk assessment was completed in 2014; this was not available for us to look at. Following our inspection, the orthodontist told us that following the

Are services safe?

improvements to the building in relation to reducing risk of legionella (removal of all water header tanks and installation of a hot water recirculation system) a new legionella assessment had been requested.

Records of water temperature testing were not held but dental unit water line management was in place. The orthodontist told us after the inspection that water temperature testing on all water outputs had been conducted and temperature exceeded 60 degrees Celsius within one minute.

We noted that staff training in legionella had not been completed.

The practice employed a cleaner. We saw cleaning schedules for the premises. The practice 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. The external clinical waste bin was stored in the car park. This was locked but not secured to a fixed object to prevent its removal. The gate was locked in the car park at the end of each working day when the practice was closed.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 orthodontist 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.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. We were told of two secondary care providers where referrals were issued to; one of these was situated within close walking distance from the practice.

The orthodontist told us that when communicating with dental practices for example, regarding extraction plans, they sent information electronically and with tracked delivery in the post as in the past, issues had arisen with documentation not being received by them.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to a number of safety issues.

However we noted exceptions in relation to risk assessments for those whose Hepatitis B immunity levels were not known. We were unable to view some risk assessments on the day of our inspection, for example a lone worker risk assessment for the cleaner. We did not view a legionella risk assessment.

There was an accident book stored with the emergency medicines. There had been two accidents reported since January 2018. The reports showed that appropriate action was taken to reduce the risk of the accidents occurring in the future.

There was a policy for reporting significant events and untoward incidents. The practice had not recorded any significant events or untoward incidents within the past two years. We identified untoward incidents that had not been recorded formally however, for example a complaint involving a member of reception staff. Our review of staff meeting minutes and complaints documentation as well as discussions with staff showed that action had been taken to mitigate risk from recurring.

There was a system for receiving and acting on safety alerts. These were received both from NHS England and directly from the www.gov.uk website. The practice learned from external safety events as well as patient and medicine safety alerts. A log was not maintained to show any action taken in relation to alerts received.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received some very positive comments from patients about the effectiveness of treatment and some comment cards made reference to individual staff members.

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The orthodontists assessed patients' treatment needs in line with recognised guidance provided by the British Orthodontic Society.

The practice was a referral clinic for orthodontic treatments.

The practice utilised two orthodontic therapists (who were qualified dentists) to improve the outcomes for patients. They both worked appropriately in line with the GDC Scope of Practice and under prescription from the orthodontist.

The staff were involved in informal peer review as part of their approach in providing high quality care. The orthodontist showed us an example of a clinical discussion held between themselves and one of the clinicians.

Helping patients to live healthier lives

The practice was focussed on the prevention of dental disease and the maintenance of good oral health during the patients' course of orthodontic treatment.

Clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, scoring their gum health using recognised systems and patients with high scores being referred back to the referring practice for further treatment.

Clinical staff provided patients with specific details on how to look after the orthodontic braces to prevent problems during treatment. Patients were given details of dental hygiene products suitable for maintaining their orthodontic braces.

Consent to care and treatment

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

The practice team demonstrated understanding of the importance of obtaining and recording patients' consent to treatment. We found that not all staff had completed formalised training. The orthodontists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

All patients were appropriately assessed using index of treatment needs scores (IOTN), jaw relations and use of relevant further examinations e.g. OPT X-rays.

Patients confirmed that clinicians listened to them and gave them clear information about their treatment.

The practice had a consent policy that did not specifically include information about the Mental Capacity Act 2005. We noted that not all members of the team had undertaken training about the Act. Whilst the practice mostly provided treatments to children, this meant they may not understand all of their responsibilities under the Act when treating those adults who may not be able to make informed decisions.

The consent policy 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. One of the orthodontists spoke knowledgeably about the issues of obtaining consent when a parent or guardian attended with a child and they did not always agree about treatment.

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

We saw several examples of detailed treatment plans provided by the orthodontist. Dental care records shown to us demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were comprehensive, detailed and well maintained.

Treatment plans were completed and given to each patient; these included the cost involved if private orthodontic treatment had been proposed. Patients were monitored through follow-up appointments until their course of treatment was completed.

Are services effective?

(for example, treatment is effective)

The orthodontist told us they audited patients' dental care records to check that the clinicians recorded the necessary information. We were not provided with this audit documentation on the day of our inspection.

Effective staffing

The practice team consisted of two orthodontists, two orthodontic therapists, two dental nurses, one trainee dental nurse, a complaints manager and two receptionists.

The staff had the skills, knowledge and experience to carry out their roles. The two orthodontic therapists were qualified dentists who had chosen to work in this specialised area. A trainee nurse was supported by the team to undertake their role. In addition, the complaints manager had been recruited to focus on addressing and responding to any patient complaints and feedback. Their employment background included healthcare and governance. The complaints manager had other areas of responsibility including safeguarding and staff appraisals for some members of the team. We were not provided with a job description to show that the scope of their work was specifically or formally identified.

We were told by the orthodontist that staff new to the practice had a period of induction. We were not provided with examples of completed documented inductions as these could not be located on the day of our inspection.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The orthodontist told us that staff discussed their training needs at monthly appraisal meetings. We saw evidence of recent meetings held with the receptionists in January and February 2019. We noted that there was scope to broaden discussions. We were told that the orthodontist and orthodontic therapists had received informal reviews. There was scope to improve the formal documenting of these meetings held. Improved documentation would also assist in demonstrating how the practice addressed the training requirements of all staff.

Co-ordinating care and treatment

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

The practice also had systems for 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 orthodontist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. For example, opinions from orthodontic specialists in conjunction with oral surgeons as part of the patient's orthodontic treatment.

The practice was a referral clinic for orthodontics. They monitored and ensured the clinical team were aware of all incoming referrals daily. Practices referring patients for NHS treatment were required to complete an online referral form to enable patients to access services.

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 caring, helpful and efficient. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding. We noted that some patient feedback made specific reference to staff taking their time to speak with children and that staff were accommodating to their needs when they felt nervous.

The orthodontist told us about voluntary work they were doing to benefit individuals within the community. For example, providing an individual who was previously vulnerable with a full course of braces without charge.

We looked at feedback left on the NHS Choices website. We noted that the practice had received 4/5 stars based on patient experience on 20 occasions. More recent comments left included that the receptionist greeted patients with a smile and great sense of humour, that dentists were really helpful and answered all questions, and patients were happy with the outcome from treatment. One of the CQC comment cards completed by a patient stated that there had been a much-improved attitude to patients by staff and they were friendlier.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area provided privacy when reception staff were dealing with patients. There was also a separate room on the first floor that could be used for any private discussions.

The reception computer screen was 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 be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (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. There were multi-lingual staff that might be able to support patients. Those staff spoke Cantonese, Greek, Romanian, Albanian and Russian. We did not see information to inform patients that interpretation services were available.
- Staff communicated with patients in a way that they could understand; information in other formats or large print could be obtained if required.

The practice 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. One comment card included that occasionally, a little more time could be spent on ensuring understanding of the strategy of treatment.

The orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment.

The practice had a website, this provided patients with information about the treatment available at the practice.

The orthodontist described to us the methods they used to help patients understand treatment options discussed. These included for example, images and photographs from the internet and models with appliances on.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The orthodontist told us that patients did not currently have lengthy waiting times to be seen. We were informed that the initial screening process enabled efficient identification of patient treatment needs and requirements and also showed patients' early commitment to the process.

Staff were clear on the importance of emotional support needed by patients when delivering care. The orthodontist shared examples of how they met the needs of more vulnerable members of society such as children with a learning difficulty.

Patients described their levels of satisfaction with the responsive service provided by the practice. For example, one comment card included that the patient could always get an appointment, and another stated that it was quick and efficient. One comment included that at certain times, it could be difficult to obtain an appointment for a repair to an appliance.

The practice currently did not have patients for whom they needed to make adjustments to enable them to receive treatment.

The premises were situated in a listed building; the potential for some modifications to the building were therefore limited.

Level access was not available for people who used wheelchairs and those with pushchairs. Two treatment rooms were on the ground floor. There were plans to change the existing two treatment rooms on the ground floor, to form them into one larger treatment room with wider access into it. There were plans to then extend the practice opening times from 8am to 8pm.

The practice did not have a hearing loop. The orthodontist told us that they had not identified a need for this, taking into account the majority of patients were children. There was a patient toilet facility with a tooth brushing area for patients to use if they wished to prior to their appointment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Longer opening times were available on Thursday until 7pm and on some Saturdays from 9am to 4pm.

The practice displayed its opening hours on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were assessed and time was allocated on a daily basis for one of the orthodontic therapists to deal with emergency appointments.

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 unduly waiting.

The practice's answerphone provided telephone numbers for patients needing emergency treatment during the working day and when the practice was closed. Patients could contact NHS 111 outside of usual opening hours.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. There was information posted in the waiting area that explained how to make a complaint.

The practice had a complaints manager who oversaw the process. Staff would tell the complaints manager about any formal or informal comments or concerns straight away so patients received a quick response.

The complaints manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. 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 previous 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

Leadership capacity and capability

The clinical team had the capacity and skills to deliver high-quality, sustainable care. We found that improvements were required in the management of the service. The provider required additional support to deliver the practice strategy and effectively address the risks to it. Following our visit, the practice demonstrated a proactive approach in rectifying shortfalls we identified.

The orthodontist was aware about issues and priorities relating to the quality and future of services. They had plans for refurbishment and update of part of the premises including the ground floor treatment rooms. New flooring was being installed at the time of our visit.

Leaders at all levels were approachable.

Vision and strategy

There was a vision and set of values. The statement of purpose included the provider's aims to deliver a high standard of dental treatment in a caring, safe and thoughtful environment, and in line with current theory and practice.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

Staff stated they felt respected and supported. They said they were part of a team.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patient feedback regarding staff speaking in another language in front of them, resulted in discussions held with the team regarding appropriate behaviour.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

We were told that staff could raise concerns openly or in private discussions. The complaints manager told us that they considered practice meetings to be open forums.

Governance and management

We found that staff training requirements required ongoing monitoring as we were not provided with evidence to show

how this was being overseen or that formal inductions were completed when new staff started work in the practice. Systems required improvement to support a good governance and management structure.

One of the orthodontists had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service and received support from the complaints manager and the rest of the team.

The provider had a system of clinical governance which included policies, protocols and procedures; however, this also required strengthening. Not all documentation was accessible to us on the day of inspection as some could not be located. We noted that some policies required review.

There were not always clear and effective processes for managing risks, issues and performance. For example, the legionella risk assessment was unavailable for us to look at and not all staff had the effectiveness of their Hepatitis B vaccine recorded. The provider had not ensured that electrical wiring testing had been completed at the time of our visit. We were informed that some actions had taken place after the inspection to improve processes.

Appropriate and accurate information

Processes to address and respond to patient complaints and feedback were working efficiently. Performance information was combined with the views of patients.

The practice 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, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and other feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients requested later opening hours to accommodate school children. The practice opened later on Thursdays to help meet patient demand.

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.

Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. We were told that a staff break out area and amenities to heat up food and make a hot drink were suggestions that had been implemented.

Continuous improvement and innovation

There were some systems and processes for learning and continuous improvement. Formal documentation was not

always maintained, for example, evidence of supervisions and appraisals with the clinical team. Whilst we saw recent records for receptionist staff, there was scope to broaden the detail recorded.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Whilst we noted record keeping was of a high standard, we did not view a record keeping audit.

Staff completed 'highly recommended' training as per General Dental Council professional standards.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Ineffective monitoring for staff training requirements.• Ineffective monitoring to review policies.• Evidence of staff induction was not held for staff when they commenced work at the practice.• Not all staff had received formal appraisals. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider was not assured that all the risks presented by legionella had been appropriately mitigated.• The provider had not implemented a sharps risk assessment specific to the practice risks.• Not all staff had evidence of satisfactory conduct in previous employment obtained and documented in their records.