

Mr. Joseph Dwyer

Rainford Orthodontic Practice

Inspection report

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Date of inspection visit: 26 April 2022
Date of publication: 12/05/2022

Overall summary

We carried out this announced focused inspection on 26 April 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. We discussed ways in which these could be strengthened.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. Some information in relation to radiography required completion.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Details of local authority safeguarding leads, outside the immediate area, required adding to policy and flow charts for staff to refer to.
- The practice had staff recruitment procedures which reflected current legislation. In some cases, documents held for some staff did not confirm their immunity to blood borne diseases.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership; staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Rainford Orthodontic Practice.

Rainford Orthodontic Practice is in Rainford, St Helens and provides NHS and private orthodontic care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made adjustments to support patients with additional needs, for example a ground floor treatment room that is fully accessible and an accessible patient toilet which also has baby change facilities. There is also an oral health education room, where patients can be given one to one instruction and education on how to maintain their oral health whilst going through their orthodontic treatment.

The practice team includes three orthodontists, seven orthodontic nurses, two orthodontic therapists, a practice manager and one receptionist. The practice has four treatment rooms.

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

The practice is open: Monday 9am - 6pm, Tuesday 10am – 7pm, Wednesday and Thursday 8am – 5pm, Friday 9am to 5pm and one Saturday in three from 9am to 12pm.

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

Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular:

- Review safeguarding policies and details held of safeguarding leads across Merseyside to ensure these meet the needs of staff at the practice and; check the fire safety risk assessment to ensure oxygen warning signs are located correctly for emergency services attending the practice.
- Link recruitment records held on staff immunity to bloodborne diseases with six monthly infection control audits, to ensure audits are completed accurately.

Summary of findings

- Audit hot water temperature records to ensure staff test hot water to 55 degrees centigrade in relation to Legionella management.
- Review checks on emergency equipment and lists of equipment held to ensure both meet requirements in that all equipment is held within the kit.
- Update local rules for radiography equipment and review audit of radiography to ensure these are sufficiently detailed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

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 and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. When we reviewed policies, we observed that details of safeguarding leads for St Helens Local Authority were included. However, the practice receives referrals from across Merseyside, meaning flow charts and policies require information on safeguarding leads for neighbouring local authorities. The practice manager provided evidence that they had added these details to the practice policies and flow charts immediately following our inspection.

The practice had infection control procedures which reflected published guidance. Audits on infection prevention and control were completed every six months in line with guidance. When reviewing completed audits, we observed the audit recorded all staff as having immunity to blood borne diseases. When checking recruitment records, we saw that evidence of this was not held for some staff. We observed the audit recorded all checks on equipment used in the decontamination rooms were in place and carried out in line with guidance. Following this inspection, the provider confirmed they had introduced a new logbook that prompted staff working in decontamination suites to carry out these checks at the recommended intervals.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. A one-way system for patients entering and leaving the practice was introduced, and social distancing could be maintained at all times.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We drew the attention of the provider to the section of the risk assessment which stated that hot water temperatures should reach 50 degrees centigrade after two minutes for effective thermic control of Legionella. The temperature to be reached is in fact 55 degrees, when in a primary care setting. This was actioned immediately following our inspection.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. When making checks on staff immunity to Hepatitis B we observed that in the case of five staff members, documents held showed staff had received a course of immunisations against Hepatitis B, but there was no evidence of the antibody test, required to demonstrate sufficient levels of immunity. We drew the attention of the provider to this oversight, and this was followed up immediately with the local occupational health unit.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We reminded the provider of the requirement to have signage in place at the entrance of the building stating oxygen is held on the premises. We saw that fire drills were carried out and these were recorded in minutes of practice meetings.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment. Some of the required radiation protection information was not available. The practice had a designated X-ray suite. When we checked we found Local Rules for the equipment in the X-ray suite were generic, so did not fully take account of the room setting. The details of the Radiation Protection Advisor and Medical Physics expert were not given in the Local Rules we reviewed. The provider acted on this immediately following our inspection.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. When we reviewed the list of items that had been used for checks we observed that portable suction was not on the list, and there was no portable suction available in the kit or at the practice. The Principal Orthodontist confirmed that they had ordered this missing piece of equipment immediately following the inspection.

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

Dental care records we saw were complete, legible, were 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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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 orthodontic professionals up to date with current evidence-based practice.

The 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. The practice had a dedicated oral health education room; this was used to provide those patients who required it, further one to one instruction on maintaining oral health and hygiene, throughout their orthodontic treatment.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff 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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the orthodontists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. We discussed how these audits could be improved.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The orthodontists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontic procedures. Staff monitored and ensured the orthodontists were aware of all incoming referrals.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was visible and inclusive leadership and use of audit to drive improvements.

Systems and processes were in place, and staff worked together as a team. The inspection identified some omissions which we fed back to the provider at the end of our inspection. Many of these omissions were addressed on the day and the day following inspection. Where documents required adjustment and updating, we were sent copies of these. The provider was highly responsive to feedback and keen to address the points raised by our visit to the practice.

The information and evidence presented during the inspection process, was clear and well documented. Any required changes were made immediately.

We saw the practice had processes in place to support and develop staff with additional roles and responsibilities; all feedback provided at the end of our inspection was shared with staff.

Culture

The practice could show how they ensured high-quality sustainable services and sought to demonstrate improvements over time.

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

Staff discussed their training needs during annual appraisals and at practice meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support governance and management. Any omissions highlighted by our inspection were shared with all staff, with a view to improving governance processes.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

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

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

The practice gathered feedback from staff through meetings 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 practice was a member of a good practice certification scheme. It had also won the same award twice in the past five years, which recognised orthodontists who take on more complex cases of treatment and deliver successful outcomes on these for patients.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

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