

## Hitchin Orthodontic Clinic Limited

# Orthoclinique Hitchin

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 5 September 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 adviser.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly reflected current legislation. Appropriate references had not always been obtained for prospective employees to ensure they were suitable for their role.
- 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.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.

## Background

Orthoclinique is based in Hitchin town centre and provides mostly NHS orthodontic care for adults and children. The practice treats patients from a wide geographical area including Bedfordshire, Hertfordshire and Cambridgeshire.

The practice has made reasonable adjustments to support patients with additional needs. There is ramp access to the premises for people who use wheelchairs, a ground floor treatment room and a fully accessible toilet. Patient car parking is available directly outside the premises.

The dental team includes 4 orthodontists, 2 dentists with a special interest in orthodontics, 2 orthodontic therapists, 8 dental nurses, a practice manager, and 4 reception staff. The practice has 5 treatment rooms.

During the inspection we spoke with the practice manager, the clinical director, one orthodontist, 2 dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Thursdays from 8.30am to 5pm, and on Fridays from 8.30am to 4pm.

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

- Implement an effective recruitment procedure to ensure that appropriate references are sought prior to new staff commencing employment at the practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible. The practice had a procedure in place to actively follow up children and young people who had not been brought to their appointments.

The practice had infection control procedures which reflected published guidance. We noted that packaged instruments included information about the staff member who had cleaned them and the sterilisation cycle number, ensuring an excellent audit trail if required.

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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, the provider had not always obtained two references for prospective employees.

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.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective. In addition to this, the provider had organised for a professional fire company to undertake an additional assessment of the premises.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff.

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

# Are services safe?

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

The practice had implemented effective systems for reviewing and investigating incidents and accidents. We noted detailed records had been kept of a range of events, which were also discussed at staff meetings to ensure learning from them could be shared.

There was a system for receiving and acting on national patient 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. We saw 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 carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. Dental care records we reviewed were detailed and of good quality.

The orthodontists were well supported by the provider's clinical director who visited frequently and ran case discussions and peer review sessions with clinicians. A range of clinical audits was completed to ensure patients received effective and safe care. Peer Assessment Rating scoring (PAR) was undertaken for all patients and scores we reviewed showed a practice average of 90%, indicating positive orthodontic treatment outcomes.

### **Helping patients to live healthier lives.**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. In addition to smoking cessation advice, staff also advised patients in relation to the effects of vaping on their dental health.

The practice sold products such as orthodontic oral hygiene kits, interdental brushes and disclosing tablets.

### **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 and the requirements of Gillick competency in relation to younger patients.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

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

### **Effective staffing**

We found staff had the skills, knowledge and experience to carry out their roles. They told us they had time for their job and did not feel rushed.

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. Patient referrals were monitored to ensure their timely management.

# 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 clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients.

Many of the staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Two staff had been funded by the provider to undertake training in Mental Health first aid.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage. Training files showed that staff had received training in information governance and data protection, so they were aware of how to manage patients' information in line with legal requirements.

Archived patient notes were held in locked filing cabinets behind reception.

Frosted glass windows and doors prevented other patients seeing into treatment rooms.

Each treatment room had a TV and music which could be used to distract patients with what was going on in other rooms.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment. There was helpful information on the practice's website about the different types of treatment offered.

The orthodontists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

# 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 had made good adjustments for patients with disabilities which included ramp access to the premises, a fully accessible toilet, a ground floor treatment room, and an imaging room. Part of the reception desk had been lowered to accommodate wheelchair users. Patients also had access to a portable hearing induction loop if needed.

### **Timely access to services**

There was a text and email appointment reminder service available to patients, and staff also telephoned patients if they had a longer appointment to remind them of it. Emergency appointment slots were available each day and the practice also offered a 'sit and wait' service to patients if needed.

At the time of our inspection, the practice was able to take on new patients, waiting times for NHS patients was about 9 months; and for private patients about one month. Special care patients were seen within about 3 months. Once a patient had completed their initial orthodontic assessment, treatment followed on immediately.

### **Listening and learning from concerns and complaints**

Information about how to complain was available on the TV screens the waiting areas and on the practice's website. All staff undertook training in complaints management. The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning. We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely, empathetic and professional way.



# 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**

We found senior staff to be knowledgeable, experienced and clearly committed to providing a good service to patients. There was strong leadership and an emphasis on continually striving to improve.

There were 4 partners, each with a specific area of accountability within the practice. They were well supported by a nursing team leader, and other staff with additional roles and clear responsibilities.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

### **Culture**

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

Staff stated they felt respected and valued, citing good communication, support for training and understanding of their personal circumstances. They described senior leaders as approachable and responsive to their needs.

Staff discussed their training needs during annual appraisal and development reviews, which they told us they found useful.

### **Governance and management**

The practice 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.

We saw there were clear and effective processes for managing risks, issues and performance.

Communication systems in the practice were good with regular staff meetings. Minutes we viewed were detailed and there were standing agenda items for areas such as patient feedback, complaints and audit results.

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. Online patient reviews were actively responded to, whether positive or negative.

The practice 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. Each year staff completed an anonymous survey which asked them for feedback about the support they received, the practice's facilities and their overall working conditions. The results were analysed by the practice administrator and shared at the team meeting.

### **Continuous improvement and innovation**

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

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff could access online training paid for by the provider and its completion was monitored closely. Training records we viewed demonstrated they had undertaken a wide range of training relevant for their role.

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, disability access, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.