Mr. John Evans

# John Evans Orthodontic Practice - Goldington Road

## Inspection Report

37 Goldington Road
Bedford
MK40 3LH
Tel: 01234 359594
Website: www.bedfordbraces.co.uk

Date of inspection visit: 12 December 2016
Date of publication: 24/02/2017

## Overall summary

We carried out an announced comprehensive inspection on 12 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

**Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

**Are services effective?**

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

**Are services caring?**

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

**Are services responsive?**

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

**Are services well-led?**

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

John Evans Orthodontic Practice - Goldington Road is an orthodontic referral centre in Bedford providing NHS and private orthodontic care and treatment and is more commonly known as Bedford Braces. The practice is situated in a converted domestic property, on the first floor. It consists of two treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a separate room which houses the panoramic dental X-ray machine.

The staff at the practice consist of a principal specialist orthodontist, an orthodontic therapist, a practice manager and a receptionist (who are also qualified dental nurses) and three additional dental nurses.

A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.

# Summary of findings

- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- There were systems in place to check equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the orthodontist and orthodontic therapist took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- During our visit we observed staff were positive, friendly, supportive and put patients at their ease.
- We reviewed 21 Care Quality Commission (CQC) comment cards that had been completed by patients prior to our inspection and were very positive. Common themes were patients felt they received excellent professional and friendly care in a calm and hygienic environment from staff who were caring, polite, informative and very happy to answer any questions.
- There was an effective system in place to act on feedback received from patients and staff.
- There were systems in place to assess, monitor and improve the quality of service provided.

# 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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

**No action** ✓

**Are services effective?**

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

The practice provided evidence based orthodontic dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

**No action** ✓

**Are services caring?**

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

Patients told us they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs where appropriate. We observed the staff to be caring, friendly and professional. Staff spoke with enthusiasm about their work and were proud of what they did.

**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 provided friendly and personalised dental care. Patients could access routine orthodontic treatment and urgent or emergency care when required. The practice offered emergency appointments each day enabling effective and efficient treatment of patients with dental pain relating to their orthodontic treatment.

**No action** ✓

**Are services well-led?**

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

**No action** ✓

# Summary of findings

The orthodontic dental practice had effective clinical governance and risk management structures in place. Staff told us the principal dentist was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider, they enjoyed working at the practice and would recommend it to a family member or friends.

# John Evans Orthodontic Practice - Goldington Road

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 12 December 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the principal orthodontist, the orthodontic therapist, the practice manager and three dental nurses. We received feedback from 21 patients.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

There was a system in place to learn from and make improvements following any accidents, incidents or significant event.

Staff understood the process for accident and incident reporting including the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Patients were told if they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

**Reliable safety systems and processes (including safeguarding)**

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included an identified practice safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The practice had identified and mitigated risks associated with the safe use of sharps (in orthodontic practice this includes wires, brackets and bands).

**Medical emergencies**

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Staff regularly completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

**Staff recruitment**

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

**Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire in November 2016. Fire safety signs were clearly displayed; fire extinguishers had been recently serviced and staff demonstrated to us they knew how to respond in the event of a fire.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

# Are services safe?

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the practice's comprehensive COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

**Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment room where patients were examined and treated. The room and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been undertaken in December 2010. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw evidence the practice was regularly sending water samples for analysis and testing.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

**Equipment and medicines**

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates.

An effective system was in place for the storage of medicines kept for use in medical emergencies. The practice did not dispense or administer other medicines such as antibiotics or local anaesthetics.

**Radiography (X-rays)**

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

# Are services safe?

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The practice followed guidance issued by the British Orthodontic Society (BOS) in considering when to take X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for people using best practice**

We observed the practice to be focussed around the needs of individual patients. The practice carried out a detailed treatment planning process for patients before commencing orthodontic treatment. This included an initial appointment to assess current need for treatment where appropriate information was gathered through further examination and record taking (photographs, X-rays, study models). Following this, a treatment plan was produced and discussed with each patient (and parent/ guardian where appropriate). Records we reviewed demonstrated this included discussions of options, risks, benefits and costs (where applicable).

The Index of Orthodontic Treatment Needs (IOTN) is used to assess the need and eligibility of children under 18 years of age for NHS orthodontic treatment on dental health grounds. The practice undertook an IOTN assessment for each patient.

The practice also followed and implemented guidance issued by the British Orthodontic Society and Royal College of Surgeons. For example the Clinical Guidelines for Orthodontic Retention.

Several information leaflets were available to support verbal advice given to patients. This included advice relating to lingual appliance care and pre/post fixed appliance treatment.

**Health promotion & prevention**

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. Practice staff we spoke with told us patients were given advice appropriate to their individual needs such as oral hygiene instruction and dietary advice.

Information available at the practice promoted good oral and general health.

**Staffing**

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process and felt well supported by the principal dentist.

**Working with other services**

The practice had an effective system in place for accepting referrals from general dental practitioners and other services. Onward referrals to secondary care were made where needed for oral surgery and orthodontic second opinions. Any suspected oral cancer lesions were referred immediately by NHS email or fax and then followed up by letter.

Each patient's referring dentist was notified via a when a patient accepted or declined treatment or if they were referred to other specialists. After patients had received their treatment they would be discharged back to their own dentist for further follow-up and monitoring.

**Consent to care and treatment**

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

Staff were particularly aware of gaining consent from children under the age of 16. They understood issues relating to 'Gillick' competence. The 'Gillick test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical/dental examination and treatment. They must be able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions.

# Are services effective?

## (for example, treatment is effective)

Staff told us children under the age of 16 were unable to attend on their own for an initial examination and treatment planning session but were able (subject to passing the Gillick Test) to attend for subsequent adjustments or emergency treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

The provider and staff explained how they ensured information about people using the service was kept confidential. Patients' dental care records were kept securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us they received excellent professional and friendly care in a calm and hygienic environment from staff who were caring, polite, informative and very happy to answer any questions.

On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

**Involvement in decisions about care and treatment**

The orthodontist and orthodontic therapist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different orthodontic treatment options involved so that patients fully understood. A comprehensive treatment plan was developed following examination of and discussion with each patient. Children form a large percentage of the patient base at the practice. We found they were included in all discussions relating to assessment and treatment planning and their wishes taken into account. This was evidenced in clinical records we reviewed and feedback we received from patients and their parents/guardians.

Staff told us the orthodontist and orthodontic therapist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients confirmed this; they told us they felt listened to by staff who were very attentive to their care and treatment needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Patients told us staff had been sensitive when supporting patients who may have additional needs such as those who were very anxious.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as orthodontic appliances which ensured delays in treatment were avoided.

**Tackling inequity and promoting equality**

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice was accessible to people using wheelchairs.

**Access to the service**

We asked the receptionists how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs in relation to their orthodontic treatment. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

**Concerns & complaints**

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

# Are services well-led?

## Our findings

**Governance arrangements**

The governance arrangements of the practice were developed through a process of continual learning. The principal orthodontist (as the registered manager) had responsibility for the day to day running of the practice and was fully supported by the practice team, led by the practice manager. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

We reviewed set of practice policies and procedures which were regularly updated and reviewed by staff.

**Leadership, openness and transparency**

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the principal orthodontist or practice manager without fear of recriminations.

**Management lead through learning and improvement**

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken November 2016 indicated the facilities and management of decontamination and infection control were managed well. X-ray audits were carried out every six months to identify where improvement actions may be needed.

Additional audits were undertaken to assess and monitor the quality of services provided. This included regularly auditing orthodontic treatment results and a record keeping audit undertaken June and July 2016 which demonstrated an appropriate standard was being maintained.

**Practice seeks and acts on feedback from its patients, the public and staff**

There was a system in place to seek and act upon feedback from patients using the service. The registered manager told us they would discuss patient survey results with the practice team in order to identify and act upon any areas for improvement.

The practice held regular staff meetings each month where they discussed a range of topics in order to learn and improve the quality of service provided. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon. Staff were encouraged to add items to the agenda for discussion.