

Orthostyle Limited

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Inspection report

9 Dryden Street
Kettering
NN16 8EU
Tel: 01536521118
www.oshorthodontics.co.uk

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Overall summary

We carried out this announced focused inspection on 29 June 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.
- 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.

Summary of findings

- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- 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.

Background

Orthostyle provides both NHS and private orthodontic dental care and treatment for adults and children.

There is full access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available to the rear of the premises. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes four orthodontists, one dentist, one orthodontic therapist, six dental nurses, two receptionists and a practice manager. The practice has four treatment rooms, only three of which are in use.

During the inspection we spoke with a quality lead, an orthodontist, an orthodontic therapist, two dental nurses, the practice manager and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays from 8.45am to 5.15pm; on Tuesdays, Wednesdays and Thursdays from 8.45am to 6.20pm; on Fridays from 8.45am to 5.15pm, and the first Saturday of each month from 9am to 1pm.

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.

The practice had infection control procedures which reflected published guidance.

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. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained, and all staff underwent a full induction to their role.

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 had been carried out in line with the legal requirements and the management of fire safety was effective.

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. This included sharps safety and sepsis awareness.

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.

Track record on safety, and lessons learned and improvements

Are services safe?

The practice had implemented effective systems for reviewing and investigating incidents and accidents. There was a system for receiving and acting on national 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.

The orthodontic clinicians carried out patient assessments in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in reaction to younger patients.

Monitoring care and treatment

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

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

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 practice was a referral clinic for orthodontic treatment and staff monitored all incoming referrals to ensure they were responded to in a timely 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

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

There was strong and effective leadership and an emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that where minor shortfalls were identified these were addressed immediately, demonstrating staff's commitment to drive improvement.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice demonstrated how they ensured high-quality sustainable services and demonstrated improvements over time.

There was a strong focus on staff welfare, and the provider publicly demonstrated their commitment to diversity and inclusion for both staff and patients.

Staff stated they felt respected, supported and valued. They told us the manager and senior staff were approachable and listened to them.

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

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good 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.

The practice was also a member of a good practice certification scheme.

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, appraisals, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

Are services well-led?

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The provider paid staff's subscription to an accredited on-line training provider to help them keep their continuous professional development up to date.

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

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