

Heaton Mersey Orthodontic Centre Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 2 March 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.

Background

Heaton Mersey Orthodontic Centre is located in converted shop premises on Didsbury Road in the Heaton Mersey area of Stockport. The centre provides both NHS and private treatment to young people under 18 years of age and private treatment to adults. There are seven treatment rooms in total the three on the ground floor have wheelchair access. There is a consultation room where treatment options are discussed, a waiting area/reception, call centre, adapted toilet facilities, a separate waiting room for private patients, a dedicated decontamination room and an X-ray room on the ground floor. The remaining treatment rooms are located on the first floor of the building.

The staff team consists of two principal orthodontists (the owners), two orthodontic therapists, a head nurse/private treatment coordinator, six dental nurses, a lead receptionist/private treatment coordinator three receptionists, a sterilisation clerk and a practice manager.

One of the two principal orthodontists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We received positive feedback about the service from 15 patients. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had an automated external defibrillator and medical oxygen available on the premises.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Governance arrangements were in place for the smooth running of the practice.
- There was an effective complaints system.
- Infection control procedures were in accordance with the published guidelines.
- Staff had received safeguarding training, knew how to recognise signs of abuse and were aware of the reporting process.
- There was evidence of recent clinical audit being undertaken at the dental practice.
- Appropriate recruitment processes and checks were undertaken in line with the recruitment policy and procedure.
- It was practice policy to obtain a Disclosure and Barring Service check for all staff.
- There were clearly defined leadership roles within the practice and staff told us they felt supported and comfortable to raise concerns or make suggestions.
- There was a comprehensive staff appraisal system in place.
- Options for treatment were identified, explored and discussed with patients.
- Patients feedback indicated that staff were polite, caring and treated them with dignity and respect.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice is a member of the British Dental Association (BDA) Good Practice Scheme.
- There were areas where the provider could make improvements and should:
 - Ensure all staff are fully aware of the procedures to follow in the event of a needle stick injury.
 - Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

There were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) guidelines. Equipment at the practice was well maintained and regularly serviced.

The practice had infection control procedures to ensure that patients were protected from potential risks.

The practice had a policy in place regarding safeguarding vulnerable adults and child protection. Staff we spoke with had a good understanding of when to raise a safeguarding concern and the process involved in raising a concern.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

Are services effective?

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

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing their professional development (CPD).

Patients were clinically assessed by one of the orthodontists before any treatment began. This included completing a health questionnaire or updating one for returning patients who had previously completed one.

Dentists had awareness about the importance of gaining patients' consent and staff members were familiar with the requirements of the Mental Capacity Act 2005. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services caring?

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

Patients felt well supported and involved with the discussion of their treatment options which included risks and benefits. Patients spoke highly of the dental treatment they received, and of the caring nature of the practice's staff. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care. Patients were given the opportunity to give feedback through the practice website and regular surveys of patients.

Patients could access routine treatment and urgent care when required.

Summary of findings

Are services well-led?

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

There were clearly defined leadership roles within the practice and staff told us they felt well supported. There were regular meetings where staff were given the opportunity to give their views of the service. Staff reported that the registered providers and practice manager were approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working at the practice.

Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

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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.

We carried out an announced comprehensive inspection on 2 March 2016. The inspection was led by a CQC inspector and an orthodontic specialist advisor.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months and the details of their staff members, their qualifications and proof of registration with their professional bodies.

The methods that were used including speaking with patients using the service, interviewing staff, observations and reviewed policies, procedures, and other records relating to the management of the service. We toured the premises and spoke with the two principal orthodontists, two dental nurses, receptionists and the practice manager.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The principal orthodontists, dental therapists, dental nurses and practice manager were aware of their responsibilities in relation to the Duty of Candour regulation (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).

Staff told us if there was an incident that affected a patient they would apologise to the patient, take action to prevent reoccurrences and inform the patient of any actions taken as a result.

Staff were provided with guidance on what to do in the event of experiencing a sharps injury during the course of their work. However some staff were not clear on the correct procedure to be followed. We discussed this with the practice manager who agreed place a copy of the procedure in the decontamination room.

Reliable safety systems and processes (including safeguarding)

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 named member of staff

with lead responsibility for safeguarding concerns and staff knew who they should go to if they had a safeguarding concern. The practice had both adult and children safeguarding policies and staff were aware of the referral procedures and the contact details for the local authority safeguarding team.

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 systems in place to help ensure the safety of staff and patients. This included for example having infection prevention and control procedures, safe use of equipment and health and safety procedures. Risk assessments were in place in relation to fire safety and Legionella. (Legionella is a bacteria found in the environment which can contaminate water systems in buildings).

Staff had fire safety training and the practice undertook fire risk assessments. We saw that fire safety drills were carried out and the fire extinguishers and alarms were checked annually.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and had received basic life support training which included cardiopulmonary resuscitation (CPR) training and the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council UK and British National Formulary guidance. The kit contained the recommended emergency medicines. There was a system in place to check emergency medicines each week to ensure that all the medicines were within their expiry date. An oxygen cylinder and other related items, such as manual breathing aids, were also available.

We spoke with a newly recruited member of staff who was able to clearly explain the medical emergencies procedure to us.

Staff recruitment

There was a recruitment policy and procedure in place and a number of safety checks were carried out prior to new staff being employed. These included references, work and education history, proof of identity, checking the prospective staff members' skills and authenticity of qualifications and registration with professional bodies where relevant.

We looked at five staff recruitment files and saw that new staff were asked to provide a curriculum vitae (CV),

Are services safe?

evidence of their qualification and registration with the General Dental Council (GDC) and referees. The staff we spoke with confirmed they had a face to face interview and we saw a record of the interview questions and responses were retained in individual staff files.

It is the practice's policy to request a Disclosure and Barring Services (DBS) check for all staff. DBS 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

Patients completed a full medical history and asked if there were any changes to medical conditions or medicines taken before any course of treatment was undertaken. The records we reviewed showed medical history had been checked.

The orthodontists took into consideration national guidelines such as those issued by National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (UK) while planning care and treatment for patients.

The practice had arrangements for the management of risks relating to essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays).

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

The practice had a decontamination room that was set out in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. There was a decontamination technician and a designated decontamination lead. All staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

To minimise the risks of cross contamination the practice used a safe system to transport used dental instruments from the treatment rooms to the decontamination room. Used instruments were scrubbed, examined under illuminated magnification to check for any remaining debris, placed into the washer disinfectant (used to carry out the process of cleaning and disinfecting in an automated cycle) and sterilised in an autoclave. An autoclave is a piece of equipment that treats instruments at high temperature to ensure any bacteria are killed). Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There were posters providing prompts above sinks reminding staff of the correct way to wash their hands. We saw that sharps boxes had been assembled and labelled correctly. There were foot operated bins and personal protective equipment (PPE) was available to reduce the risk of cross infection.

The practice appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the building 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.

The practice had a contract with a clinical waste carrier. We saw the different types of waste were appropriately segregated and safely stored pending collection.

Equipment and medicines

Portable Appliance Testing (PAT) was carried out in March 2016 – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually.

We saw fire exit signage throughout the practice and there were fire extinguishers available. A specialist company attended at regular intervals to calibrate and review all X-ray equipment to ensure they were operating safely. We

Are services safe?

reviewed the practice maintenance records for equipment such as autoclaves and X-ray equipment which showed that they had been serviced in accordance with the manufacturers' guidelines.

We saw that other equipment such as an autoclave; washer disinfectant and compressor were regularly maintained. For example, the autoclave was serviced in December 2015.

An on-going maintenance contract was in place for the replacement of the emergency oxygen ensuring that the contents and the metal oxygen cylinder did not deteriorate over time.

Radiography (X-rays)

There was a designated X-ray room. Within this room there were two X-ray machines. One intraoral X-ray machine

(intraoral X-rays concentrate on one tooth or area of the mouth), and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the whole mouth including the teeth and jaws. Five of the clinical staff were trained to use the X-ray equipment.

The practice had in place a named Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file in line with these regulations was observed. This file was well maintained and included in the file were the critical examination pack for each X-ray set used, three yearly maintenance logs, a copy of the local rules and notification to the Health and Safety Executive that X-rays were taken at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had two orthodontic therapists. This is a registered dental professional with a qualification in orthodontic therapy; they can see patients and carry out certain orthodontic procedures (within their scope of practice) in accordance with instructions from a qualified orthodontist.

Patients were either referred to the practice by their own dentist for orthodontic treatment or referred themselves directly to the practice. The dental assessments were completed in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC).

Patients were asked to complete a medical history questionnaire identifying any health conditions, medicines being taken and any allergies. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. If there were any concerns about a patients' general dental or oral health this was discussed with the patient and with the orthodontist would refer back to the patient's general dental practitioner.

The orthodontist discussed the findings and treatment options, risks and benefits of treatment. Records showed that patients had been presented with a treatment plan that included, where applicable, the cost of treatment. The principal orthodontist told us they explained treatment options with their patients including the risks and benefits of each option.

Health promotion & prevention

A large number of patients attending the practice were older children and young adults. We saw that staff advised patients, and parents or guardians if necessary, about how to successfully manage oral health and care for their devices.

Due to the nature of orthodontic treatment oral hygiene is important. This was checked and noted at each appointment, and oral hygiene instruction given if necessary. The practice ran an oral health clinic providing advice and guidance on good oral hygiene with demonstrations on effective tooth brushing techniques.

Staffing

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Essential training included basic life support and infection prevention and control.

Staff had access to policies and procedures which contained information that supported them in their roles. All clinical staff were required to maintain an on-going programme of continuing professional development (CPD) as part of their registration with the General Dental Council (GDC). Records showed professional registration was up to date for all staff. We reviewed staff files and found records detailing how many hours training staff had undertaken together with training certificates for courses attended.

Staff told us they had annual appraisals and training requirements were discussed at these. One of the principal orthodontists completed staff appraisals. We saw evidence of completed appraisal documents and found these were well documented and thorough. Staff were asked to complete a self-assessment a week before their appraisal meeting and the results were discussed.

Working with other services

The practice had an effective system in place for accepting referrals from patients, general dental practitioners and other services. We saw evidence that documented communication between the patients' general dental care provider and the practice was retained as part of the paper dental care record.

If patients had more complex dental needs, the orthodontist referred them to other healthcare providers. This included, for example the local hospital or dental hospital. It was practice policy to make timely referrals to reduce any delays of treatment for the patient and this was evidenced in their records.

Once the orthodontic treatment is completed patients are referred back to their own dentist for on-going care and treatment.

Consent to care and treatment

Patients told us that they were provided with relevant information about the proposed orthodontic treatment, the expected duration of the treatment and the commitment required.

Staff were aware of the 'Gillick' competence. The 'Gillick test' helps clinicians to identify children aged under 16 who

Are services effective?

(for example, treatment is effective)

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. The practice manager told us a parent would be asked to attend when treatment options were discussed and agreed.

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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients commented on the understanding and kindness of their orthodontists as well as the polite attitudes and the respectful and caring approach of the whole team. We spoke with parents who told us they were extremely satisfied with the treatment their child received.

During the inspection we observed how the staff spoke with patients and whether they treated patients with dignity and respect. We saw that patients and their parent were treated politely, and in a professional manner.

Involvement in decisions about care and treatment

The Orthodontist we spoke with had a clear understanding of consent issues. Comments made by patients who completed the CQC comment cards confirmed that they were involved in planning their care and treatment. The practice's website provided patients with information about the range of treatments which were available at the practice.

There was a private consultation room where patients could discuss the treatment options available to them. Various models, photographs and literature were used to demonstrate the types of orthodontic appliances available to assist patients in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Care and treatment was planned and delivered by staff who were qualified and registered with the General Dental Council (GDC) this ensured the safety and welfare of patients.

The practice leaflet and website described the range of options offered to patients. This included different types of orthodontic treatments.

New patients were asked to complete a medical and dental health questionnaire. This allowed the practice to gather important information about the patient's previous and current dental and medical history. Patients were asked if there had been any changes to their health and prescribed medicines at each subsequent visit. The majority of appointments were scheduled weeks ahead; however, if a patient was experiencing problems with their orthodontic appliance they would be fitted in to be seen on the same day where possible or within 24 hours.

We noted the call centre staff arranging an appointment with a patient over the telephone and saw that they asked the patient when would be most convenient date and time for them to attend.

Tackling inequity and promoting equality

The principal orthodontists were aware of their responsibilities under the Disability Discrimination Act. There was a policy relating to equality and diversity that supported staff in understanding and meeting the diverse needs of patients.

Most of the orthodontic treatment for children and young people was provided under the NHS. Private orthodontic treatment was provided for adults and children and the practice offered a variety of payment options.

The practice had effective systems in place to ensure the equipment and materials needed were received by the practice well in advance of the patient's appointment.

Access to the service

The practice was open Mondays and Thursdays: 7.50am to 4pm, 7.50am to 7pm and Fridays: 7.50am to 2pm. The practice was closed at the weekend. Access for urgent treatment outside of opening hours was by ringing the practice and following the instructions on the answerphone message.

The premises met the needs of individuals who had limited mobility as there were treatment rooms on the ground floor. Adapted toilet facilities were provided suitable for wheelchair access.

Concerns & complaints

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Are services well-led?

Our findings

Governance arrangements

There was a practice manager in post who was responsible for the day-to-day running of the practice. There were systems in place for undertaking clinical and non-clinical audits within the practice.

These included; referrals, record keeping and radiograph (X-rays). Audit results were discussed at the monthly practice meetings.

There was a clear management structure in place, with staff acting as dedicated leads in areas such as infection control, child protection and vulnerable adults. The practice had a range of policies and procedures in place to govern activity and these were available to all staff. These included confidentiality, incident reporting, consent to treatment, freedom of information, access to records and complaints.

The practice was a member of the British Dental Association (BDA) Good Practice Scheme. Membership to the scheme is dependant on a site visit by a BDA assessor. The staff we spoke with felt their commitment to providing a high standard of care had been recognised.

Leadership, openness and transparency

The practice had a statement of purpose which set out the aims and objectives of the service and types of treatments provided.

The orthodontists, orthodontic therapists, dental nurses and practice manager were aware of their responsibilities to comply with the duty of candour regulation. They told us that if there was an incident or accident that affected a patient the practice would be open and honest, offer an apology and take steps to prevent reoccurrence.

Staff reported an open and transparent culture at the practice where they felt well supported and comfortable about raising any concerns or issues with the orthodontists or practice manager.

One of the orthodontists was awarded the 'highly commended' accolade at the Aesthetic Dentistry Awards 2013. The practice won the Best Practice for the third time at the 2015 dentistry awards and Best Team in the North West in 2015.

Learning and improvement

Discussions with a range of staff showed they were aware of the practice vision and values, such as promoting good oral health for patients, and providing good quality care and advice. The practice held monthly staff meetings and we saw records of recent meetings which showed the wide range of clinical and non-clinical topics that had been discussed. Staff showed awareness of national guidelines, as these were discussed at staff meetings.

Staff working at the practice were supported to maintain their continuing professional development (CPD) a requirement of their registration with the General Dental Council (GDC). The practice maintained records which showed that all staff were up to date with essential training.

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

There was a patient survey used to seek patient's views on the quality of orthodontic care and treatment they received at the practice. We saw a number of thank you cards and letters from patients expressing their satisfaction with the treatment.

The practice also carried out their own patient survey the most recent results were from November 2015 the results of which were extremely positive.