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Orchard Orthodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 September 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

Orchard Orthodontics is located in the London Borough of Croydon and provides orthodontic treatment to NHS

and private patients. The practice opening hours were Monday 9.00 to 5.00pm, Tuesday 8.00 -6.00pm, Wednesday 8.00 -5.00pm, Thursday 8.00 – 6.00pm and Friday 8.00- 5.00 pm and Saturdays by appointment 8.00-4.00pm.

The premises consists of two treatment rooms which incorporate the decontamination facilities. The practice also had a waiting area.

The practice comprises of a principal dentist, two dental nurses, a trainee nurse, two orthodontic therapists, a business development manager, a private care executive manager and a receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

During the inspection we asked patients to complete CQC comment cards. We received 12 comment cards back from patients and spoke with three patients on the day of the inspection. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, friendly and helpful and they were treated with care, dignity and respect.

Our key findings were:

Summary of findings

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE). Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
- Patients told us that staff were caring and treated them with dignity and respect.

- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There were good governance arrangements and an effective management structure.

There were areas where the provider could make improvements and should

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document it, however improvements could be made in regards to investigating and learning from incidents.

The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references.

No action



Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice where appropriate.

Staff were supported by the practice in maintaining their continuing professional development (CPD) 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.

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

No action



Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy. Patients were given the opportunity to give feedback through the practice's own feedback forms. There were arrangements to meet the needs of patients whose first language was not English.

No action



Summary of findings

Are services well-led?

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Learning from audits were shared with staff.

Patients were given the opportunity to provide feedback about the practice through their own feedback forms.

No action



Orchard Orthodontics

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 22 September 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 15 patients. We also spoke with seven members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 processes around reporting and discussion of incidents. There was an accident book. However, improvements could be made to the system. For example, there had been two accidents recorded in the last year but there were no details of action taken in response to the accident. Staff told us they had developed a system that included a template where they recorded actions taken following an accident. We saw the template but the practice had not started using it at the time of the inspection. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been two adverse incidents over the past 12 months, and they had been dealt with appropriately.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [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].

Reliable safety systems and processes (including safeguarding)

The private care executive manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. There was a safeguarding policy that had last been reviewed in September 2016. The practice had details of what should be considered abuse and the practice was aware of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us relevant information would be emailed to dentist, discussed at meetings with staff and logged in a folder.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for the safe use of sharps, health and safety process, procedures and risk assessments.

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, fire, health and safety and infection control.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. 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 medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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 recruitment

Are services safe?

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, radiation and infection control. The assessments included the controls and actions to manage risks. For example a 2016 risk assessment for display screen equipment had recommended workstation assessments and we saw that assessments had been carried out.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for clinical waste management and personal protective equipment. 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. The head the nurse was the infection control lead. There was a flow from dirty to clean areas to minimise the risks of cross contamination.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box cleaning instruments in an ultrasonic cleaner and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave, pouching and then date stamping.

Staff told us about the 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 records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients and themselves from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was collected weekly.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

A Legionella risk assessment had been completed by an external organisation in September 2013 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

The practice employed a cleaner to carry out the environmental cleaning. Cleaning equipment for the premises was stored suitably in line with current guidelines... The practice had a template for a cleaning checklist but there were no records of completed checklists. Staff told us that the forms were disposed once the check had been completed on the day.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had been undertaken in July 2016. PAT is the name of a process where electrical appliances are routinely checked for safety. We saw evidence that staff at the practice had undertaken visual checks of electrical appliance on a yearly basis.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. There were no medicines stored at the practice outside of those found in the medical emergencies kit.

Are services safe?

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable

arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. Evidence was seen of radiation training for staff undertaking X-rays. A comprehensive radiographic audit had been undertaken in February 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to recalls.

During the course of our inspection we spoke with the dentists and checked dental care records to confirm the findings. We saw evidence of comprehensive, detailed assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, and details of examinations undertaken and planned work. .

Information about the cost of treatment and some information of treatment options available were on the practice website and the reception area of the practice.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about diet and oral health education. Patients were shown video on oral hygiene and given an oral health education pack. The practice also provided oral health education to local schools.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. Examples of staff training included topics such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the

practice. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor the number of CPD hours staff had completed.

Working with other services

The practice worked, where appropriate with other professionals in delivering care of their patients. This included for example referrals for extractions prior to orthodontic work being carried out. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 15 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to work. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They also showed an awareness of Gillick Competency and their responsibilities and whether a child is able to make their own decisions and to understand the implications of those decisions. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met.

Staff showed an understanding of the Mental Capacity Act (MCA) 2005. (MCA 2005 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).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 15 patients. The feedback we received was positive. Staff were described as, caring and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. Information was also available on the

practice website. We spoke with the principal dentist, a trainee nurse, an orthodontic therapist, a nurse, a receptionist and two managers on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment.

Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The practice saw a significant number of children and staff explained how the dentist would use information on screens and videos to explain information to children in a way they could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. They told us that patients who could not speak English were usually accompanied by family members who could speak English.

They also told us that the practice staff spoke a number of different languages and were able to meet the communication needs of patients who could not bring someone with them. If necessary they would contact an interpretation service.

Access to the service

We saw there were arrangements for emergency appointments. There were out of hours arrangements in place to deal with emergencies that took place when the practice was closed; these were advertised on the practice telephone answer machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area.

There had been two complaints logged in the last year; one had been dealt with appropriately, the other was still being resolved. The policy included contact details of external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the General Dental Council.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, employment policies and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility.

The practice manager told us regular meetings were held to discuss issues in the practice and update on things affecting the practice. Staff we spoke with confirmed that regular meeting took place and we saw notes of these meetings. For example we saw that infection control had been discussed during a June 2016 meeting.

The quality audits undertaken at the practice included infection control, dental care records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were

comfortable about raising concerns with managers. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care.

Learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had gathered feedback from patients and staff through their own surveys and through the NHS friends and family test. They also gathered feedback through social media and through testimonials left on the practice website. We saw the results of a 2016 survey on patient's satisfaction and found that the vast majority of patients surveyed were happy with the service they had received.