

# Grosvenor Orthodontic Clinic (Beckenham) Limited Beckenham Orthodontic Centre

## Inspection Report

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Date of inspection visit: 02 October 2018  
Date of publication: 26/10/2018

## Overall summary

We carried out this announced inspection on 02 October 2018 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask 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 form the framework for the areas we look at during the inspection.

### **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**

Beckenham Orthodontic Centre is based in the London Borough of Bromley and provides NHS and private orthodontic treatment to patients of all ages.

# Summary of findings

The practice is located on the ground, first and second floors of a converted building and has five treatment rooms. There is step-free access to the premises available via a portable ramp for wheelchair users. There is parking available for patients on the premises.

The dental clinical team includes two principal orthodontists, two associate orthodontists, five orthodontic therapists (one of whom was a locum at the time of the inspection), eight orthodontic nurses (some of whom also undertook receptionist and finance management duties), and two decontamination assistants. The dental clinical team is supported by a receptionist and information technology personnel, an administrator, an area manager, a practice coordinator, a patient care coordinator, two secretaries (one of whom also undertook receptionist duties), and a laboratory worker.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Beckenham Orthodontic Centre was the practice coordinator.

On the day of inspection, we obtained feedback from 20 patients.

During the inspection we spoke with the area manager, the practice coordinator, the two secretaries, a receptionist, the principal orthodontists, an orthodontic therapist, and a decontamination assistant. We checked practice policies and procedures and other records about how the service was being managed.

The practice is open at the following times:

Mondays, Tuesdays, Thursdays and Fridays: 8am-6pm

Wednesdays: 8am-7pm

Saturdays: 9am-1pm once a month only

## Our key findings were:

- The practice appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had suitable information governance arrangements.

There are areas in which the practice could make improvements. They should:

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to staff commencing employment at the practice.
- Review staff training in medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team, and review the competence of non-clinical staff in setting up the for use oxygen in medical emergencies.

# 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 and processes to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The premises and equipment appeared clean and properly maintained.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff were qualified for their roles, and the practice had completed key recruitment checks for all but one member of staff.

The practice had arrangements for dealing with medical and other emergencies. We saw evidence that all but one member of staff had completed training in basic life support. One out of four staff we spoke with knew how to set up the oxygen cylinder for use in emergencies.

No action



### Are services effective?

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

The dental clinicians assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being of a high standard.

The dental clinicians discussed treatment with patients so they could give informed consent, and documented this in patient care records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

No action



### Are services caring?

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

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They described the environment as being welcoming and told us they had received a high standard of care at the practice. They said staff were warm, kind, caring, helpful, professional and polite.

Patients said their dental clinician listened to them. They told us staff treated them with dignity and respect.

Staff understood their responsibilities with regard to maintaining the confidentiality of patients.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for patients who could not speak or understand English and for wheelchair users. They described arrangements for patients who had hearing difficulties.

Patients told us practice staff explained their treatment needs clearly and concisely.

The practice told us they valued feedback from their staff and patients.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a clearly defined structure of responsibilities. Staff we spoke with told us they felt supported and appreciated.

The practice kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

No action



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission.

The practice had a system to highlight vulnerable patients in their records e.g. people with safeguarding concerns, those with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

The practice had a 'speak up' policy giving guidance to staff on their responsibilities and who to contact regarding whistleblowing concerns. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the service.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We reviewed recruitment records for all staff and found the practice had carried out key recruitment checks for all but one member of staff, for whom there was no evidence of a Disclosure and Barring Service check.

The provider had a system in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and they had checked the effectiveness of the vaccination for all clinical staff.

We noted clinical staff were qualified, registered with the General Dental Council, and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice had carried out a fire safety risk assessment. They confirmed they had completed several of the highly recommended actions, and other lower risk actions were due to be carried out after refurbishment building works were complete.

Records showed firefighting and fire detection equipment were regularly checked and tested. The practice carried out fire evacuation drills every six months to keep staff updated on the correct procedure to follow. Some staff had completed fire safety training and the practice had designated fire safety marshals.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dental clinicians justified, graded and reported on the radiographs they took. The practice carried out radiography audits yearly following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

The practice had employer's liability insurance.

Emergency equipment and medicines were available. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

All but one staff member had completed training in emergency resuscitation and basic life support. One out of four staff we spoke with were confidently able to set up the oxygen for use in emergencies.

# Are services safe?

Orthodontic dental nurses worked with the orthodontists and orthodontic therapists when they treated patients. There was a lone worker risk assessment in the event any member of staff was alone on the premises, but staff told us this never occurred.

We checked the practice's arrangements for safe dental care and treatment. They had policies in place to provide guidance to staff on inoculation injuries. They had completed health and safety and sharps risk assessments and reviewed them yearly.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health, when transporting, cleaning, checking, sterilising and storing instruments.

Staff completed infection prevention and control training and received updates as required. The decontamination assistant we spoke with demonstrated a good working knowledge of infection prevention and control requirements.

The practice carried out infection prevention and control audits six-monthly, in line with national guidance. The latest audit showed the practice was meeting the required standards.

Records showed the practice validated, maintained and used equipment for cleaning and sterilising instruments in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice had addressed recommendations from the assessment.

The practice had policies and procedures in place to ensure they clinical waste was segregated and stored appropriately in line with guidance.

We saw cleaning schedules for the premises. The premises appeared clean throughout when we inspected and patients confirmed that this was usual.

## **Information to deliver safe care and treatment**

We discussed with the dental clinicians how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible; they were kept securely and complied with requirements of the General Data Protection Regulation.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines. They had a suitable stock control system of medicines which they held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

## **Track record on safety**

The practice had a good safety record.

The practice had recorded, monitored and reviewed safety incidents. They had discussed these incidents with the practice staff to support future learning, reduce risk, and help them make any necessary safety improvements.

## **Lessons learned and improvements**

The practice had systems in place to enable them to learn, investigate, and make improvements if things went wrong.

The practice had an effective system for receiving, disseminating and acting on safety alerts, which they used to maintain a good standard of safety in the practice in relation to medicines and equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep the staff up to date with current evidence-based practice.

The orthodontists assessed the needs of patients in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. They followed the Index of Orthodontic Treatment for treatments administered to patients on the NHS.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Staff were aware of, and promoted in the practice hallway, national public health campaigns to reduce sugar consumption to support patients to live healthier lives.

The dental clinicians discussed, where applicable, oral hygiene, preventive advice, smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients maintain good oral health.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dental clinicians gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dental clinician listened to them and gave them clear information about their treatment.

The practice's consent policy included information about mental capacity, and the legal precedent by which a child under the age of 16 years of age can consent for themselves. The team understood their responsibilities under the Mental Capacity Act 2005, when treating adults who may not be able to make informed decisions. They were also aware of considerations required when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental clinicians assessed patients' treatment needs in line with recognised guidance.

The dental clinicians audited patients' dental care records to check they recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice had processes in place to ensure staff new to the practice had a period of induction based on a structured induction programme.

We confirmed the majority of staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at appraisals and during informal discussions. The practice had commenced a process of appraisals in the last 12 months during which staff discussed learning needs, general wellbeing and aims for future professional development.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The orthodontist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by The National Institute for Health and Care Excellence in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion. They were friendly towards patients over the telephone. They were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 20 patients; they commented positively that the care they had received at the practice was of a high standard. They told us the practice offered an excellent service, and that the practice staff were friendly, kind, caring, respectful, polite and professional.

Parents commented that they were satisfied with how the staff had treated their children.

Nervous patients told us staff reassured them and made them feel at ease.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity; patients confirmed this in the feedback we received.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The computer screens in the reception area was not visible to patients. Staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

Staff helped patients be involved in decisions about their care. Language interpretation services were available for patients who did not speak or understand English. This included British Sign Language for patients who had hearing difficulties.

The practice gave patients clear information to help them make informed choices. Information leaflets were available for patients to read.

Patients told us that staff took the time to listen to them, encouraged them to ask questions, and explained all aspects of their treatment needs and options.

The dental clinicians described the conversations and methods they had with patients to satisfy themselves they understood their treatment options. These methods included dental radiographs, models and information leaflets staff used to enhance the delivery of care. The practice had intra-oral cameras that enabled photographs to be taken of the mouth and shown to the patient, or their relative, to help them better understand the diagnosis and treatment.

The practice's website provided patients with information about the range of private orthodontic treatments available at the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

The practice organised and delivered services to meet patients' needs. They took account of patients' needs and preferences.

Staff we spoke with were clear on the importance of emotional support needed by patients when delivering care.

The practice had step-free access available via a portable ramp for wheelchair users. They had completed a disability access audit to identify how they could improve access to care for patients with enhanced needs. They had also formulated plans in consultation with building contractors to consider how they could make the toilet on the ground floor fully wheelchair-accessible. They told us they could arrange for British Sign Language interpreters for deaf patients, if needed.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed their opening hours on their website and at the entrance to the premises.

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment could be seen the same day.

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

The practice had complaints policies providing guidance to staff on how to handle complaints, and to patients on how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice had a centralised complaints team responsible for dealing with complaints. Staff told us they would address any formal or informal comments or concerns straight away so that patients would receive a quick response.

Staff told us they discussed concerns and compliment to encourage learning and improvement.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal orthodontists, area manager and practice coordinator were knowledgeable about issues and priorities relating to the quality of the service they provided. They worked closely with all the practice's staff and prioritised compassionate, supportive and inclusive leadership.

### **Vision and strategy**

The practice had a clear vision to provide high quality and caring treatment for all patients.

The practice had procedures to help them manage behaviour and performance that was inconsistent with their vision and values. They also had policies to help staff understand their employment rights.

### **Culture**

The practice had an open, friendly culture focused learning and improvement. Staff told us they felt respected, supported and valued.

Staff told us they felt they could raise concerns with the practice's leaders. They were confident any concerns they had would be listened to.

Staff had meetings and daily informal discussions on a variety of topics.

Staff were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management, and staff demonstrated a good awareness of these.

The principal orthodontists had overall responsibility for the clinical leadership of the practice. The patient coordinator was responsible for the day to day running of the service. The area manager was managing the overall governance arrangements in the practice at the time of the inspection; they told us they were recruiting for a permanent practice manager.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. They had clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

The practice used quality and operational information to ensure good performance, and to improve performance wherever necessary. They had information governance arrangements; staff we spoke with were aware of the importance of these in protecting patients' personal information.

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

The practice valued feedback from patients and staff, and used feedback to support high-quality services.

The practice used patient surveys and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice's December 2017 FFT results showed 100% of all patients surveyed would recommend the practice.

The practice had responded to feedback from patients and staff by carrying out refurbishment works to improve the décor of the premises.

### **Continuous improvement and innovation**

The practice's leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

Clinical staff discussed undertaking quality assurance of orthodontic treatments they provided to patients, in line with the Peer Assessment Rating developed by the British Orthodontic Society.

## Are services well-led?

Staff records contained documented plans for future professional development.

Staff had completed highly recommended training as per General Dental Council (GDC) professional standards.