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# Orthodontic Centre Hayes

## Inspection Report

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### Overall summary

We undertook a follow up desk-based inspection of the Orthodontic Centre Hayes on 28 August 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was undertaken by a CQC inspector who had remote access to a specialist advisor.

We undertook a comprehensive inspection of the Orthodontic Centre Hayes on 11 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Orthodontic Centre Hayes on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

#### **Our findings were:**

#### **Are services well-led?**

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 October 2018.

#### **Background**

Orthodontic Centre Hayes is in London Borough of Hillingdon and provides private orthodontic treatment to adults and children. Orthodontic Centre Hayes has a fee sharing contract with another dental provider for the premises. The orthodontic practice is located on the first floor.

The dental team includes the principal dentist. There were no other staff members employed at the practice. We were told that agency nurses and nurses from the other provider will be used if the provider sees patients.

The practice is owned by an individual who is the principal dentist there. They 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 reviewed information received from the principal dentist. We looked at records about how the service is managed.

The practice is open whenever patients are booked in for treatment.

#### **Our key findings were:**

# Summary of findings

- The provider had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The provider had reviewed the current staffing levels and ensured the practice could provide routine appointments in a timely manner to its patients as and when required.
- The provider had reviewed the practice's protocols and implemented a system for referral of patients and ensure referrals are monitored suitably.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**No action**





## Are services well-led?

### Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 11 October 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 28 August 2019 we found the practice had made the following improvements to comply with the regulation:

- There were effective systems in place to monitor the provision of services to ensure that the practice could deliver care and treatment and complete dental treatments in a safe and timely manner.
- Audits were carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 to ensure the quality of grading, justification and reporting in relation to dental radiographs.

- There were arrangements for reviewing, acting on and using reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE) to improve the safety of services offered.

The practice had also made further improvements:

- The provider had reviewed the current staffing levels and ensured the practice could provide routine appointments in a timely manner to its patients as and when required.
- The provider had reviewed the practice's protocols and implemented a system for referral of patients and ensure referrals are monitored suitably.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 28 August 2019.