

Weston Orthodontic Centre Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 January 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had effective information governance arrangements.

Background

Weston Orthodontic Centre Ltd is in Weston Super Mare and provides NHS and private dental orthodontic care and treatment for adults and children. The practice went into partnership with a corporate provider in 2021.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The practice has made reasonable adjustments to support patients with additional access requirements. These include:

- A wheelchair accessible toilet.
- Hearing loop
- Reading aids
- Step free access
- A ground floor surgery

The dental team includes 3 orthodontists, 8 dental nurses, 3 orthodontic therapists, 2 reception staff and a practice manager.

The practice has 5 treatment rooms.

During the inspection we spoke with an orthodontic specialist, 2 dental nurses, a dental therapist, a receptionist and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9.00am to 5.00pm
- Tuesday 9.00am to 5.00pm
- Wednesday 9.00am to 7.30pm
- Thursday 8.00am to 3.30pm
- Friday 8.00am to 3.30pm

The practice closes for lunch between 1pm and 2pm Mondays to Wednesday and 12pm to 12.30pm on Thursday and Friday.

Summary of findings

There were areas where the provider could make improvements. They should:

- Review the current performance review systems in place and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols for the use of closed-circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO).
- Review current systems to ensure immunity for Hepatitis B is checked after the completion of a primary course of vaccination for all clinical staff.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

Hand hygiene audits were not available. We have since received evidence to confirm this shortfall has been addressed.

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

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

We saw the practice was visibly clean. The practice employed external cleaners. Cleaning checklists were used. We noted that the cleaning checklist for the week our visit fell into had been filled out three days in advance. We have since received evidence to confirm this shortfall has been addressed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place. These reflected the relevant legislation.

The provider did not operate an effective system to ensure clinical staff were vaccinated against Hepatitis B virus and did not have systems to check the efficacy of the vaccinations.

Evidence was not available to confirm formal inductions were carried out.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

We observed unlocked and untethered waste bins at the rear of the practice. We have since received evidence to confirm that security shutters had previously been ordered and delivery was due.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

We observed that the waste paper and sanitary bins in the wheelchair accessible toilet were foot operated. The waste paper bin was changed during our visit and we have received evidence to confirm an appropriate bin has been ordered.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia, and adults and children with a learning difficulty.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we spoke with three other patients who told us:

- Staff were compassionate and understanding.
- Staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television outside the practice to improve security for patients and staff. Improvements were needed to ensure its provision met requirements. Specifically:

- CCTV warning signs. We have since received evidence to confirm this shortfall has been addressed.
- A privacy impact assessment was not available.

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

The practice accident book was not general data protection requirement (GDPR) compliant. The manager ordered a replacement during our visit.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

Staff described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

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

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed learning needs, general wellbeing and aims for future professional development during informal discussions. Records were not kept. We were assured this shortfall would be rectified as soon as practicably possible.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

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

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

Are services well-led?

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