

Dentalign Orthodontics LLP

# Total Orthodontics Slough

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 27 June 2022 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

# Summary of findings

- The practice had systems to help them manage risks to patients and staff. However, improvements were needed to ensure the recommendations in the practice`s Legionella risk assessment were implemented.
- The practice had arrangements in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers` instructions. However, improvements were needed to ensure the recommendations in the practice`s electrical installation condition report were carried out.

## Background

The provider Dentalign Orthodontics LLP is part of BUPA and has six practices. This report is about Total Orthodontics Slough.

Total Orthodontics Slough is in Slough and now only provides private specialist orthodontic dental care and treatment for adults and children. The practice does have some NHS patients who are completing their care as part of the NHS contract the practice previously held.

Car parking spaces are available on site and the practice is located near public transport services.

The dental team includes two specialist orthodontists, one dental nurse, one orthodontic therapist, one receptionist and a treatment coordinator. The clinical team is supported by a practice manager and an area manager.

The practice has two treatment rooms.

During the inspection we spoke with the dental nurse, the receptionist, the treatment coordinator, the practice manager and the area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 8.30am to 5.30pm

Thursday and Friday 8.30am to 5pm

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

- Take action to implement the recommendations in the practice`s Legionella risk assessment.
- Take action to ensure that the recommendations in the practice`s electrical installation report are carried out.

# Summary of findings

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

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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. However, improvements were needed to ensure that any dental instruments that had rust spots were removed from use. On the day of inspection, we found two rusty and pitted dental instruments. Following the inspection, the provider told us that these had been discarded and they had no other rusted instruments in use.

The practice had some procedures in place to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, improvements were needed to ensure the recommendations in the Legionella risk assessment were implemented.

A Legionella risk assessment carried out on 12 February 2021 was available for review on the day of inspection. A number of recommendations, including removal of dead leg pipe work or implementation of a flushing regime, the fitting of anti-retraction valves on dental chairs to protect against backflow, and replacement of flexible hoses to rigid copper ones had been made but had not been acted upon. Following the inspection, the provider told us that arrangements had been made to implement the recommendations in the risk assessment in line with an updated action plan.

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 and there was an effective cleaning schedule to ensure the practice was kept clean.

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

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. However, improvements were needed to ensure the facilities were maintained in accordance with regulations. The 5-year fixed wiring electrical installation condition report carried out on 14 January 2022 was available for review on the day of inspection. The assessment found the installation in terms of its suitability for continued use unsatisfactory. A number of recommendations, including the confirmation of earthing conductor size and the condition of accessories including socket-outlets, switches and joint boxes had been made. These had not been acted upon. Following the inspection, the provider told us that arrangements had been made to carry out the recommendations in the electrical installation condition report in line with an updated action plan.

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

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, sepsis awareness and lone working.

# Are services safe?

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.

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

## **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.

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **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.

The orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

### **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 with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists 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.

Newly appointed staff had a structured induction and 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.

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

# 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 broadly embedded, and staff worked well together.

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 their training needs during annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

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.

The practice had systems and processes in place for managing risks, issues and performance, though some improvements were needed as identified by our inspection.

### **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 and said these were listened to and acted on.

### **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, radiographs and infection prevention and control. However, improvements were needed to ensure

# Are services well-led?

that the disability access audit was reflective of the arrangements within the practice. The disability access audit available for review on the day of inspection was a generic template and did not identify that the practice was not accessible to wheelchair users and the processes the practice should adopt to communicate this to new patients. Following the inspection, we were provided an updated disability access audit which was tailored to the service.

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