

Mr. Callum Rushforth

Wearside Orthodontic Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 February 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

The practice is owned by Mr. Callum Rushforth.

The practice offers an orthodontic services under the NHS and privately. There are seven surgeries, a decontamination room, a combined reception and waiting area, separate waiting area for private patients, offices and staff facilities.

The practice is open Monday and Tuesday 8.30am to 7.30pm, Wednesday 8.30am to 5pm, Thursday 8.30am to 7.30pm and Friday 8.30am to 5pm.

There are four orthodontists, 10 dental nurses, two dental hygiene therapists, a decontamination worker, and a practice manager.

Mr. Callum Rushforth is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

We spoke with two orthodontists, two dental nurses, a decontamination worker and the practice manager.

We received feedback from one patient about the service via our CQC comment cards. They were positive about the staff and the services provided.

Our key findings were:

- There was an effective complaints system.

Summary of findings

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
 - There were sufficient numbers of suitably qualified staff to meet the needs of patients.
 - Staff had been trained to manage medical emergencies.
 - Infection control procedures were in accordance with the published guidelines.
 - Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
 - Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
 - Patients were treated with dignity and respect and confidentiality was maintained.
 - Patients could access routine treatment and urgent care when required.
 - The practice was well-led, staff felt involved and supported and worked well as a team.
 - The governance systems were effective.
 - The practice sought feedback from staff and patients about the services they provided.
 - Review availability of medicines and equipment (delete as appropriate) to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
 - Review stock rotation of medicines and equipment, the system for identifying and disposing of out-of-date stock.
 - Review the storage of dental care materials and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
 - Review the practice's protocols for checking and monitoring emergency equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
 - Review the practice's infection prevention and control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- There were areas where the provider could make improvements and should:

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 effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection prevention and control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

Patients medical histories were obtained before any treatment took place. The orthodontists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Legionella risks were managed, for example, we saw a legionella risk assessment was scheduled to take place in February 2015.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patient's received a comprehensive assessment of their orthodontic and dental needs. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

Staff understood the Mental Capacity Act 2005 and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16. Staff were supported to deliver effective care through training, peer support, practice manager meetings and practice meetings. The clinical staff were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration.

Patients were referred to other specialist services where appropriate in a timely manner.

Patients' dental care records provided contemporaneous information about their current dental needs and past treatment. The patients' dental care records we looked at with the orthodontist included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients' oral health and made adjustments to treatments accordingly.

Are services caring?

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

Summary of findings

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in another private room.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Treatment coordinators explained the care and treatment they were providing in a way patients understood.

Staff described to us there was sufficient time to explain the care and treatment they were providing in a way patients understood. Patients and their relatives confirmed they felt fully involved in their treatment, it was explained to them, and they were listened to and not rushed.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. The practice manager told us they were able to see patients requiring urgent care at when required.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control, X-rays, clinical examinations and patients' dental care records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Wearside Orthodontic Centre

Detailed findings

Background to this inspection

The inspection was carried out on 17 February 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two orthodontists, two dental nurses, a decontamination worker and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed one completed CQC comment card.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us any accident or incidents would be discussed at practice meetings or whenever they arose. The practice manager told us policies and procedures were updated annually and whenever any changes were required.

The practice had complaints policies and processes for both NHS and private patients. The policies set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice manager told us that any learning from the complaints would be shared at practice meetings.

The practice manager was aware of their responsibilities under the duty of candour. They told us if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The practice manager told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. The practice manager was the lead for safeguarding. The lead role included providing support and advice to staff and

overseeing the safeguarding procedures within the practice. We saw all staff had received safeguarding training in vulnerable adults and children. Three members of staff were trained to level three and the others were trained to level two in respect of safeguarding children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the practice manager.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Clinical staff had received training in the prevention and management of sharps injuries.

The practice had a whistleblowing policy which staff were aware of and it was updated in April 2015. Staff told us they felt confident that they could raise concerns about colleagues without fear of recriminations.

We saw evidence the practice undertook a fire drill in January 2016. We saw the latest fire risk assessment was dated June 2015. The practice displayed fire safety signage. We saw the fire extinguishers were checked annually.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were not in line with the 'Resuscitation Council UK' and British National Formulary guidelines. For example, some of the equipment such as the oropharyngeal airways and the bodily fluids spillage kit were out of date and the midazolam was not available in the specified format. We discussed our finding with the practice manager. They took immediate action and ordered replacement and missing items on the day of the inspection. All staff knew where the emergency items were kept. Staff told us the emergency equipment, emergency oxygen and the AED was checked quarterly rather than weekly as recommended. We saw practice logs which confirmed this. We reminded the practice manager

Are services safe?

of the frequency the checks needed to take place. They assured us the checks would now take place in accordance with the recommended guidance. We checked the emergency medicines and found they were of the recommended type and were in date.

Staff recruitment

We saw the practice followed its recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two recruitment files which confirmed the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The registered manager told us they had a process to satisfy themselves all clinical staff maintained their registration with the General Dental Council (GDC). We saw that all relevant staff were registered with the GDC.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice also had a sharps' policy which included guidance on dealing with needle-stick and other sharps injuries, the safe storage and disposal of sharps such as needles and scalpels. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients. Clear guidance for dealing with sharps injuries was displayed in the surgeries and decontamination room.

Infection control

The practice had an infection control policy which was reviewed annually. There was lead for infection control and we saw from the staff training records all staff had received training in infection control.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination rooms from the 'dirty' to the 'clean' room. There were separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us they wore appropriate personal protective equipment including heavy duty disposable gloves when working in the decontamination rooms and when treating patients and this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The decontamination worker was knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries and decontamination room.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. However, there were no logs to show that there had been a

Are services safe?

weekly protein residue test undertaken of the ultrasonic bath. We raised this with the practice manager and they gave us an assurance that the weekly test would now take place.

The practice manager told us they undertook regular infection prevention and control audits. We reminded them under the current guidance the audits needed to be undertaken every six months rather than annually. The practice manager assured us that the audits would be undertaken at six month intervals in future. We saw the practice achieved 93% in the last audit which was dated November 2015. The practice had an action plan to address the issues raised. The practice was aware there was carpet in two clinical areas. The practice manager advised us this would be replaced with suitable flooring by the end of March 2016.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap were also available in the washroom.

We saw the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste. Clear guidance for dealing with sharps injuries was displayed in the surgeries and decontamination room.

The recruitment files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that 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 acquiring blood borne infections.

We saw a legionella risk assessment had taken place in February 2015 and the practice had an action plan to address the recommendations such as regular water testing. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice undertook regular tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually and had taken place in February 2016. The practice displayed fire exit signage and had fire extinguishers available.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance..

Local anaesthetics and other medicines were stored appropriately. However, some medication was stored in a refrigerator there was no mechanism to show the refrigerator had maintained its temperature in accordance with the recommendations medicine manufacture. We discussed this with the practice manager. They took immediate action and ordered a suitable thermometer and told us they would now keep a daily record of the temperatures.

Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in a designated area and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw the clinical staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly.

We saw the practice regularly audited their X-rays and implemented action plans which improved the quality of X-rays. The audits were in accordance with the Faculty of General Dental Practice (FGDP) guidelines. We saw the results of an audit dated December 2015. The audit showed that the quality of the X-rays were good and well within the guidelines. For example, 366 X-rays were checked, 99.18% were grade one, 0.82% were grade two and no grade three.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were given an appointment with a treatment coordinator who reviewed the patients dental and medical history forms. The practice recorded the medical history information on the patient's electronic dental care records for future reference. In addition, the treatment coordinators used visual aids to help explain treatment options, benefits and risks. They also gave dietary advice and discussed tooth brushing technique and brace care with patients.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with current recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. The practice manager explained patients were referred back to their dentist for primary dental care whilst the practice remaining responsible for the patients' orthodontic care until the treatment had been completed. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice. The practice manager told us they found the role of the treatment coordinator helped patients and their parents/guardians, if relevant, understand the treatment process and what to expect when wearing a brace.

The practice also provided advice sheets for patients which included oral health advice. These included giving patients details of a brace friendly balanced diet which is designed to limiting foods and drinks that could increase their risk of tooth decay.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing

a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. Staff told us the practice supported their training.

Staff training was being monitored and recorded by the practice manager. Staff recruitment records we reviewed showed all staff had received training in basic life support, infection prevention and control and safeguarding children and vulnerable adults.

The practice manager explained the practice had developed a continuous staff appraisals process which did not rely on a single year end meeting. Staff told us they preferred this process and found it better suited their needs.

Staff told us they worked very well as a team and covered for each other when colleagues were absent for example, because of sickness or holidays.

Working with other services

The practice manager explained they would refer patients to other dental specialists when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer. The practice also worked closely with the patient's dentist throughout the treatment process.

Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. Staff demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

The practice manager showed us the various forms which needed to be completed before the various stages of treatment commenced. They included obtaining and recording patient consent from children, parents and guardians as appropriate. Staff were aware that consent could be withdrawn at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw patient dental care records were held securely.

Involvement in decisions about care and treatment

The practice manager explained all their patients were involved in decisions about their care from the initial consultation to the completion of treatment. The role of the treatment coordinator was instrumental in ensuring patient involvement. Diagnosis, treatment plans, scheduled appointments, oral health care and the need to continue to see their family dentist were always discussed to help ensure the best outcomes for patients.

The orthodontists we spoke with understood the principles of the Gillick competency and used it. This is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Patients with disabilities or in need of extra support, staff told us they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were Monday and Tuesday 8.30am to 7.30pm, Wednesday 8.30am to 5pm, Thursday 8.30am to 7.30pm and Friday 8.30am to 5pm. Evening appointment times enabled children to have appointments out of school hours.

The practice offered same day appointments for patients in need of urgent dental care during normal working hours.

Tackling inequity and promoting equality

The reception and waiting areas, surgeries and washroom facilities were accessible to patients with mobility issues.

We saw the practice had equality and diversity policy and staff had received equality and diversity training within the last 12 months. Staff told us that patients were offered

treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and who might require assistance.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service or the service for private patients. Callers would then be directed to the relevant out of hour's dental service for treatment.

Concerns & complaints

The practice had complaints policy and procedures. The practice had made available information in the waiting areas on how to complain both NHS and privately. The staff we spoke with were aware of the complaints process and told us they would refer all complaints to the partners to deal with. We saw evidence of one complaint in the last 12 months and this had been dealt with in accordance to the practice policy.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. The policies and procedures were accessible to all staff. Staff we spoke with were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice and they felt able to raise any concerns with each other and the practice manager. They were confident any issues would be appropriately addressed. Staff also told us they worked very well together and supported each other.

The practice manager was aware of their responsibilities to comply with the duty of candour and told us if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

Learning and improvement

The practice maintained records of staff training which showed all staff were up to date with their mandatory training. We also saw the practice encouraged additional training which was undertaken by some staff. Staff

confirmed this and said they were given sufficient training to undertake their roles and given the opportunity for additional training which included radiography and impression taking. We saw training was accessed through a variety of sources including formal courses and informal in house training.

We saw one of the orthodontists had completed a Masters course in May 2015 in which they analysed why patients discontinued their orthodontic treatment. The practice manager told us based on their colleague's findings they have changed some of their approaches to the services offered to see if that improves the completion rates, but was too early to determine this.

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

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the tests dated January 2016 all 61 respondents stated it was either extremely likely (48) or likely (13) that they would recommend the practice to family and friends.

We saw the practice held various meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.