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Croydon Orthodontics

Inspection Report

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Overall summary

We carried out this announced inspection on 1 February 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

Croydon Orthodontics is in South Croydon and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs via a portable ramp. Car parking spaces are available for patients in surrounding streets.

The dental team includes seven orthodontists, two assistant orthodontists, 10 orthodontic nurses, two

Summary of findings

orthodontic therapists,one practice manager, one project co-ordinator, three trainee nurses, one treatment co-ordinator, one welcome team co-ordinator, eight welcome team officers.

The practice is set out over four levels. Treatment rooms and patient waiting rooms are located on the first and second floor. The basement has a treatment consultation area, staff kitchen and equipment and plant room. The top floor is for administration purposes. The practice also has a decontamination room, an X-ray room and consultation areas.

The practice is owned by an individual who is the principal orthodontist 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.

On the day of inspection we collected 43 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two orthodontists, three orthodontic nurses, the treatment co-ordinator, two of the welcome team and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.00am to 6.00pm Monday to Fridays. In addition to this they open until 7.30pm on Tuesdays and once a month on a Saturday from 9.00am to 2.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. 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 thorough 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 appointment system met patients' needs.
- The practice had effective leadership. 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 dealt with complaints positively and efficiently.

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. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action

Are services effective?

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

The orthodontists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as caring, professional and good. The orthodontists discussed treatment with patients so they could give informed consent and recorded this in their 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 and had systems to help them monitor this.

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 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and compassionate. They said that they were given helpful, honest explanations about dental treatment, and said their orthodontist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the orthodontist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action

Are services responsive to people's needs?

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

No action

Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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 management structure and staff felt supported and appreciated.

The practice team 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. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had been two in the past 12 months including a needle stick injury. We saw that the practice handled them in line with their policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. Details of the local authority were available for reporting any suspected abuse.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 12 staff recruitment records. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

A fire risk assessment had been completed in December 2017. Arrangements were in place to test fire equipment regularly and servicing was carried out annually.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental/orthodontic nurse worked with the orthodontists.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Are services safe?

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

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

Radiography (X-rays)

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 orthodontists justified, graded and reported on the radiography they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the orthodontists recorded the necessary information.

Health promotion & prevention

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

The orthodontists told us that where applicable they discussed 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 with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Orthodontists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the orthodontists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, polite and respectful. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients commented that staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazine and reading literature in the waiting rooms. The practice provided drinking water (if requested).

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. There was a comprehensive information pack with details about types of treatment, prices and what to expect from treatment.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients commented that staff were kind and helpful when they were in pain, distress or discomfort.

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

The practice had equipment where they could show patients step by step how their treatment would look and different outcomes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Slots were kept free each day to accommodate this.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example nervous patients and patients with mobility problems.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter (face to face and telephone), translation services which included British Sign Language. The staff team were also multi lingual.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice made information available to patients explaining how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal orthodontist had overall responsibility for the management and clinical leadership of the practice and the practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Policies and procedures were updated regularly.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had also completed training in this area.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal orthodontist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal orthodontist was approachable, would listen to their concerns and act appropriately. The principal orthodontist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held various meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings included clinicians meetings, nurses meetings, welcome team meetings and general team meetings. Each staff group also held regular "huddle" meetings where they met weekly on an informal basis to discuss current issues or have group discussions. Immediate discussions were arranged to share urgent information.

Learning and improvement

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

The principal orthodontist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We saw examples of training that had been arranged by the practice that was both mandatory and for further development.

The practice also ran a COP Academy (Croydon Orthodontic Practice). The practice commissioned an external training provider to provide training to their staff on various topics throughout the year. These events were usually held at an external venue. Although funded solely by the practice, staff from other local dental and orthodontic practices were invited to attend these events for free. Verifiable CPD of up to 5 hours was awarded for attendance.

The whole staff team had annual appraisals and regular one to one sessions. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and one-to-ones in the staff folders.

We saw that staff completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. Surveys were conducted three months after treatment and at the end of treatment (with ad-hoc surveys in between). The practice offered incentives to patients for completing feedback and they found that the incentives were productive in getting people to complete them.

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.

Are services well-led?

The practice proactively sought feedback from staff. There were mechanisms in place for staff to complete anonymous surveys every two weeks. A sample of random questions were asked ranging from work conditions, management support and general wellbeing. The practice found that staff provided valuable feedback which helped them to ensure they obtained staff feedback to improve the service.