

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Belmont Orthodontic Centre

5a Belmont, Shrewsbury, SY1 1TE

Tel: 01743365302

Date of Inspection: 13 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Exclusive Orthodontics Limited
Registered Manager	Dr. Philip Barton
Overview of the service	Belmont Orthodontic Centre provides a range of orthodontic treatment to patients living in Shropshire and Powys. The majority of patients are under the age of 18 and are seen on the NHS for a specific course of treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 13 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with six people who used the service, their accompanying representatives and five staff from different disciplines. People were very satisfied about their care and treatment. Comments included, "I can't praise them enough". "They've put a smile back on my face".

People told us they were always treated with dignity and respect. They said they were given the appropriate information in relation to their treatment. They told us their orthodontist involved them in planning and reviewing their treatment. They said their treatment was thorough and procedures were always explained.

People received their treatment in a clean, hygienic environment. The practice had arrangements in place for the safe management of infection control. Staff were confident procedures were effective to ensure people were not placed at risk of cross infection.

People considered staff were friendly and competent in their work. Observations made and discussions demonstrated positive working relationships had been developed. Staff confirmed they attended training courses appropriate to their work and to meet the requirement of their professional registration. They told us they were well supported in their work.

People we spoke with said they had not had the cause to complain but were confident any concerns raised would be listened to and addressed. They told us they were "very" satisfied with the service they had received and would "definitely" recommend the practice.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

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### Reasons for our judgement

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Everyone we spoke with told us they were always made welcome when they visited the centre and were seen on time. We saw people were provided with a range of information about the centre and the treatment options available to them.

People receiving treatment were referred by their dentist. The centre was unable to provide a service to people with physical disabilities due to the constraints of the building. Therefore people with a physical disability were referred by their dentist to the hospital for treatment. We saw people were informed of these constraints in the patient guide and on the web-site.

People told us they were always made welcome and were seen on time. We saw good interactions with staff and the people using the service and their accompanying representatives. People were offered a choice of date and time when they booked further appointments.

People told us they were fully involved in discussions and decisions about their treatment. They said the orthodontist always explained what they were going to do and planned their treatment with them; this included their estimated treatment time. One person told us, "They made sure I knew what was going to happen and gave me lots of leaflets and advice on how to look after my brace and what I wasn't allowed to eat or drink". Another person told us, "He's really nice; he sat with me and explained everything before he even looked into my mouth. He made me feel comfortable and safe".

The orthodontist explained how they ensured people understood their treatment and the information they were given. They showed us the visual aids they used to help people understand their treatment and procedures. These included models, photographs and pictures. Staff shared positive examples of how they supported people who were anxious about their treatment and how they respected people's privacy and dignity. A member of staff told us, "People don't have to have treatment, it's not compulsory, it's their choice".

We sampled four patient records. These evidenced people's involvement in their

treatment. For example, "Patient does not wish to have fixed appliances" and "Patient unsure to proceed with treatment, to discuss with mum and ring with decision".

We saw people were given the opportunity to leave feedback about the service and make suggestions for improvement. Everybody who had completed a survey in 2011 and 2012 indicated they would recommend the centre to their friends and family.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The young people we spoke with and their accompanying representatives were very complimentary about the care and treatment received. They expressed a very high level of satisfaction and told us their treatment was never rushed. One parent told us, "I can't believe the difference the treatment has made, it's been a lot quicker than expected and it has certainly made a difference to her confidence and self esteem".

The orthodontist told us about the referral and consultation process and the extensive range of treatments available. Discussions with staff evidenced treatment was only ever carried out in a person's best interests and based on the clinical judgement. People had a right to accept or refuse any treatment offered. Staff told us that treatment required motivation and co-operation from each individual. If a person was not committed to receiving treatment or had poor oral health, treatment would be declined. We were told they would be reviewed at a later date. One of the records we sampled demonstrated that a person had been given time to go away and discuss their proposed treatment with a relative and had since committed to receiving treatment.

People told us their initial consultation was detailed and confirmed they had been provided with a copy of their treatment plan. We saw a copy of these on the files we sampled detailing the proposed treatment, appliances and estimated treatment time.

We saw the centre had swiftly accommodated a person who had mislaid their retention appliance. They were seen quickly and a mould made for a replacement appliance. They told us they had emailed the centre with their concern and received an immediate response and an appointment was made. They told us they had received a "person centred service".

People told us prior to receiving treatment they had completed a medical questionnaire and were regularly asked if there had been any changes to their health since their last review. This ensured dental staff had up to date information about them and were aware of any medical conditions. We saw information such as allergies and conditions had been transferred onto their personal records.

The orthodontist told us how they explained the results of diagnostic tests such as X-rays with people. One person said, "He showed me on the screen and explained everything to

me". People told us they were given lots of reassurance. One person told us their orthodontist had helped them get over the fear of dentists. They told us their treatment was always carried out at their pace and was fully explained before and during their treatment. A member of staff told us, "We pride ourselves in the care we give".

Staff were aware of what to do in the event of a medical emergency. We saw drugs and equipment was accessible and checked regularly to ensure it remained in date and was suitable to use. Staff confirmed they received regular training to equip them with the skills and knowledge to deal with a medical emergency.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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People expressed no concerns about the cleanliness of the centre. They confirmed dental staff always wore personal protective clothing to include short sleeved uniforms and disposable gloves to help safeguard them from the risk of cross infection.

We conducted a full tour of the centre including all patient accessed and clinical areas. Everywhere was clean and work surfaces were free from clutter. Discussions with staff and observations made demonstrated a commitment to ensure people were not placed at risk of cross infection. Staff were confident that infection control procedures were effective.

We observed staff wearing personal protective equipment when working in the surgery or when carrying out decontamination procedures. We were told it was company policy that uniforms were not worn outside the workplace to reduce the risk of contamination. There were suitable arrangements in place for the safe removal of clinical waste. Staff we spoke with confirmed their work-related vaccinations were current. This was evidenced on the staff files we sampled.

Staff confirmed they received training in infection prevention and control. The centre did not provide a designated central room for sterilisation and decontamination. Therefore instruments were cleaned and sterilised in each surgery. We saw that the surgeries did not have two dedicated sinks available for decontamination, as required. We were told the practice had a plan in place to move to best practice.

A dental nurse explained the process to clean and sterilize the instruments and equipment. They demonstrated a clear understanding of the procedures to ensure equipment was effectively cleaned to minimise the risk of cross infection. We saw impressions were disinfected prior to being sent to the laboratory. A member of staff described procedures for infection control as "excellent".

We liaised with the local infection prevention and control specialist nurse. They told us they carried out an infection control audit of the premises in October 2012. They advised the practice achieved an overall score of 97%. These visits provide dental practices with an opportunity to check all of their processes with a specialist in this topic. The provider confirmed they had met the recommendations made.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

Staff were effectively trained to deliver care and treatment to an appropriate standard.

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## **Reasons for our judgement**

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The young people and their accompanying representatives told us the staff were very friendly and accommodating. Everyone considered staff were competent in their work. Comments included, "My dentist is very friendly. He is always very clear in what he's doing and what he hopes to achieve". "They take good care of you". "They are truly dedicated at what they do".

People received a service from an established team of professionals. Staff told us they worked well as a team and said morale was "very good" and "high". Staff demonstrated an in depth knowledge of their work and were clearly committed to providing positive outcomes for the people who used the service.

Staff confirmed they attended courses appropriate to their work and the requirements of their registration. They said they were provided with good training opportunities to further develop their skills and knowledge. One member of staff told us, "I've got enough skills to do the job I'm doing".

The staff files we sampled were well organised and included their certificate of registration and certificates for the training courses they had completed. This ensured that people were treated by staff who were up to date with current practice. Training included cross infection, emergency life support, information governance and radiation awareness. We also saw dental nurses had attended a conference day in addition to an orthodontic study group meeting. We were told some staff had recently attended training in safeguarding children. Future training had been identified and included training in oral cancer.

We saw staff attended practice meetings and received an annual appraisal. We saw staff had discussed training in the practice meetings held. We were told the team were planning to meet formally on a more regular basis. Staff told us the provider was very approachable and supportive. One member of staff told us, "Dr Barton is nice to work for. He is very supportive and finds time to sit down and go through things with you". Another said, "I'm very happy and proud to say I work for Dr Barton, we are a very happy bunch".

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was a complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The people we spoke with told us they were "very" happy with the service they received and had not had a reason to complain about the service. They told us they felt confident in raising concerns and considered that they would be listened to.

People were provided with information about how to complain in the patient's guide. This stated, "Staff from Belmont Orthodontic Centre take any complaint very seriously and will fully support any patient who wishes to make a complaint to ensure that the matter is fully resolved". We saw there was a patient complaint procedure in place in addition to procedures for responding to verbal complaints made over the telephone, in person and in writing.

We saw the complaints procedure included the appropriate escalation process for a person who paid privately for their treatment. The provider agreed to ensure people receiving treatment on the NHS were provided with details of the ombudsman, should they not be happy with the outcome of their complaint. The provider may wish to note that the complaints procedure should be made available in a range of formats and languages.

We saw the practice welcomed suggestions for improvement and provided a patient satisfaction questionnaire in the reception area for people to provide their comments.

We reviewed the complaints log held at the practice. There was one complaint recorded in the last 12 months. The person had complained directly to the PCT who co-ordinated the complaint. The orthodontist concerned had provided a written response. We liaised with PCT who confirmed they had responded to the complainant and the centre had assisted with the process. Staff spoken with were aware of the process to support a person to make a complaint. A member of staff told us, "Hopefully patients feel they can approach us about complaints and we would always keep them well informed".

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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