

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

Solihull Orthodontic Centre

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Date of Inspection: 08 October 2012

Date of Publication: October 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	C S Practice Services Limited
Registered Manager	Mr. Alan Coley-Smith
Overview of the service	C S Practice Services Limited provides orthodontic treatment to both NHS and private patients at Solihull Orthodontic Centre.
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

Why we carried out this inspection

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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

During our visit on 8 October we met with the practice manager and the orthodontist therapist. We also spoke with the provider who is the orthodontist for the practice, two dental nurses, the assistant in the decontamination room, and the receptionist (who is also a dental nurse).

We spoke with six people who had attended the practice. People described the practice as being welcoming and friendly. People spoke very positively about the quality of the service they had received. One person told us, "I am extremely happy with the treatment and the practice."

People we spoke with told us that everything was always explained to them. One person whose son was having treatment said, "After every visit we both come out understanding what treatment has been carried out and what the next stage is going to be."

During our visit we saw the practice was clean and tidy. Processes were in place to ensure that equipment was safe to use and high levels of cleanliness maintained.

The practice had processes in place to monitor people's views about the service offered. People told us that they had never had cause to complain about the service they had received. People told us they were satisfied with the service and would recommend the practice to family and friends.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with six people who had recently visited the practice and asked them about their experience of using the orthodontic service. We asked people if they were happy with the treatment provided and if they were treated with consideration and respect. People told us, "I am extremely happy with the treatment and the practice," and, "it's a totally excellent service." On the day of our visit we observed that staff in the practice spoke to people in a friendly, welcoming way.

We looked at the information available to people who used the service. This included a leaflet for patients which explained the orthodontic treatments. We saw that the information provided for people in the waiting areas included the complaints procedure. There was also a comment box so people could provide feedback about their visit. We were shown photographs and models of teeth that were used to inform people about their treatments and what this would involve. People told us they were given enough information about the treatment options before their treatment started. One person said, "Absolutely, we knew exactly what they were going to do."

People told us they received reminders to attend their appointments. One person told us, "They usually phone me the day before to remind me."

People told us that fees were fully explained to them when the dentist discussed their treatment options.

We saw that people could have a discussion in a private room if they needed to.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice provides orthodontic treatment to adults and children as long as they have their permanent teeth. The practice will see children prior to this but treatment would usually be deferred until they had their permanent teeth. At the time of our visit the practice had two treatment rooms and employed one dentist.

During our visit we looked at the procedures followed by staff for the assessment and treatment of patients. We also looked at how medication was managed and the procedures in place to keep people who used the service safe.

We asked about the process for accepting a new person to the practice. We were shown the documents that were completed for each patient. This included a health assessment and declaration that was updated annually. We saw there was a system in place for alerting the dentist to any medical conditions that may affect the person's treatment.

We were shown how appointments were allocated to people. We saw that people were allocated sufficient time for their treatment. We were told that sometimes there could be a slight delay in treatments, but patients were informed if there was going to be a delay. People we spoke with said they didn't have to wait very long to see the dentist. We could see there was a system for allocating emergency appointments to people. We were told as that as the practice only provided orthodontic work emergency situations were rare.

People told us that they were happy with the care and treatment they had received. People said, "I am extremely happy with the treatment and the practice," and "I am very satisfied with the treatment my daughters received."

We looked at the records for three people who used the practice. The orthodontic treatment provided by the practice was for the fitting of braces to realign people's teeth. We found that people had a pre assessment appointment following the referral from their dentist. Depending on the outcome of this assessment people would be placed on the waiting list. If the person did not have all their permanent teeth treatment would be deferred. Prior to commencing treatment people had an assessment and treatment plan completed. People we spoke with told us that everything was always explained to them. One person whose son was having treatment said, "After every visit we both come out understanding what treatment has been carried out and what the next stage is going to

be."

We looked at the procedures in place to deal with a medical emergency. We saw the emergency resuscitation kit was kept in the reception and was accessible for use quickly. The practice also had oxygen and a defibrillator available in the surgery. There were systems in place to check that emergency medication and equipment was in date and ready for use. The staff we spoke with demonstrated a clear understanding of what they would do if a person collapsed. All the staff had received training in resuscitation. They confirmed that should the need arise they would immediately dial 999 to obtain additional help. We saw there were written guidelines in place for dealing with medical emergencies.

We asked what procedures were in place to keep people safe. We were told that all staff had completed awareness training in safeguarding children and adults and that further safeguarding adults training had been arranged for December 12. The staff we spoke with confirmed that any potential safeguarding concerns would be referred to the appropriate authority. We saw there was a policy and procedure in place for safeguarding adults and children. The information available included the contact details for the safeguarding teams in the local authority and PCT. We saw that Criminal Records Bureau (CRB) checks had been completed for all the nursing staff. The manager told us that her CRB had been obtained prior to working at the practice and that she would be applying for an update.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We asked people who used the practice about the cleanliness in the surgery. People told us the surgery was always clean. We looked around the surgery including the two treatment rooms and the waiting room and saw that the environment was clean and tidy. We asked the manager about the systems in place to ensure the cleanliness and hygiene of the surgery was maintained. We were told that they employed a cleaner to clean the communal areas and the floors. The dental nurses were responsible for cleaning the treatment rooms.

People we spoke with told us the dentist and the dental nurses wore gloves and masks when providing treatment. Staff confirmed there was an adequate supply of gloves, aprons, and hand wash for their use. We saw dental staff wore short sleeved uniforms. This assisted them to wash their hands thoroughly helping to reduce any potential spread of infection.

There was a separate room for decontaminating equipment. The practice employed an assistant three days a week to undertake the cleaning of equipment. The dental nurses carried out this process on the other days. We watched the assistant working in the decontamination room and the process undertaken from dirty to clean instruments. This included the procedure for scrubbing instruments to make sure instruments were clean. We were shown how instruments were checked for debris and the use of the autoclave to sterilise them. We saw that the assistant wore a face visor, apron and gloves at all times. The assistant regularly used hand gel and changed gloves and aprons when moving from the dirty area to the clean area. Clean instruments were then stored in sealed packaging and dated according to national guidelines. We saw records were kept of each autoclave cycle to check and evidence the sterilisation process. Weekly checks were undertaken of the bagged equipment to ensure they were within date and safe to use.

The dental staff were aware of the best practice guidance set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice was following procedures recommended in the guidance.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit there was the Orthodontist, the practice manager, an orthodontist therapist, two dental nurses, a decontamination assistant and a receptionist who was also a dental nurse, working in the practice.

We asked people about the staff in the practice and if they could get an appointment when they wanted. People told us that they were able to get appointments at times that suited them. One person said, "The practice tries to accommodate my appointment choices as I like to make times out of school hours for my son." Another person told us "Everyone working at the practice is kind and helpful. They are knowledgeable and the dentist is brilliant." People told us that they were always accompanied by a nurse during treatments.

We asked about training courses for staff and how these were arranged. We were told that some training is provided by the practice and that the dental nurses also organise their own training to maintain registration with the General Dental Council (GDC). We saw records and certificates that confirmed that staff had attended training including, Cardiac Pulmonary Resuscitation (CPR), and infection control training.

Staff we spoke with told us that they were happy working at the practice and that they felt they received a good level of training and support. Staff told us that they had regular staff meetings and that their views and opinions were listened to.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked about the process for auditing the quality of the service provided. We saw that the practice had good auditing procedures in place. Evidence was available to show that checks were regularly made on records and equipment. This was to make sure that the practice operated safely and efficiently.

The agency had external audits completed by the Primary Care Trust and other organisations to make sure they were meeting the required standards. There was evidence available to show that the practice scored very highly in a recent audit visit carried out in May 12.

We asked about complaints and how these were managed. We were shown the complaints log. Records showed complaints were taken seriously and investigated. We saw that complaints information was available in the waiting rooms. The people we spoke with said they had never had cause to complain.

The practice had a procedure for obtaining the views and opinions of patients. This included an annual satisfaction survey. We were shown the responses from the survey carried out in March 2012. The findings showed that people were satisfied with the service provided. The practice also left comment cards in the waiting areas so people could give feedback on the service. Comments we looked at showed that people were very satisfied with the treatment they had received. We also saw there were lots of thank you cards on display in the surgery. People we spoke with gave positive feedback about the service. One person told us that both his daughters had recently received treatment. He said, "The treatment both my daughters received was brilliant. One daughter was private the other was treated through NHS. The treatments were identical there was no difference what so ever." People told us that they would recommend the practice to friends and family.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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