

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

Moonz Orthodontics Fulham

14 Farm Lane, London, SW6 1PP

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Date of Inspection: 27 September 2013

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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	✗	Action needed
Staffing	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Moonz Orthodontics Limited
Registered Manager	Miss Angela Gomez-Tembleque
Overview of the service	Moonz orthodontics is a private practice that specialises in treating children, but also treats adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening 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 announced 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 27 September 2013 and talked with staff.

What people told us and what we found

When people first visited the service they were given a book that outlined and explained orthodontic treatment, treatment options and how treatment was delivered. The book was in English and had been designed specifically for children.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

When people first visited the surgery a medical history form was completed. Relevant details about past medical history and known allergies were taken and discussed with people.

There were no people present on the day of our visit to speak with. We did not see any customer feedback about the service.

There were no effective systems in place to reduce the risk and spread of infection. Staff we spoke with on the day did not demonstrate an adequate knowledge of infection control. Staff did not know if the decontamination equipment was tested. They were not able to provide records of the daily cycles to ensure the equipment was working correctly.

There was not enough qualified, skilled and experienced staff to meet people's needs. The person responsible for the duties of the dental nurse did not demonstrate that they had the skills required to carry out the role.

We asked staff to see various records. Staff could not locate a number of both paper and electronic records requested on the day of our visit. Staff told us that the registered manager was the only one who knew where certain records were.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

We will check to make sure that action is taken to meet the standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Reasons for our judgement

When people first visited the service they were given a book that outlined and explained orthodontic treatment, treatment options and how treatment was delivered. The book was in English and had been designed specifically for children. Both children and adults were given the book. There was no alternative information for adult patients. We were told that a member of staff read the book with people to help them make decisions and choices about treatment.

Staff told us that approximately 70% of people who used the service were of Spanish origin. All clinical notes, medical history questionnaires and other associated paperwork were in Spanish. Staff interpreted a sample from each of the files indicating that people were given information about treatment and the options available. Staff told us that following treatment they wrote to people in both Spanish and English providing information about their consultation and treatment plans. On the day of our visit they were not able to produce any examples of when they had written to people. We gave the provider an opportunity to provide some examples following the inspection. They did not do this.

The clinical area of the surgery was open plan with three separate dental chairs. There was also a private consulting room. People were initially seen in the consultation room, where their needs and treatment options were discussed. Staff told us that at the time of our inspection there was only one orthodontist working at any given time so all patient's are treated in private.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. When people first visited the surgery a medical history form was completed by the dentist who was performing the duties of the dental nurse. The form contained information relating to the reason for the visit, dental issues, medication they were taking, and any known allergies. A family history was also taken. Photographs and impressions were taken of people's teeth and an explanation of possible treatment given. They would then see the orthodontist who went through the medical form and picked up any issues identified and then explain the likely costs of treatment and timescales. The orthodontist said that because treatment was individualised there were no fixed time frame for treatment, although most courses of treatment usually lasted between 18-24 months. People were seen on average every five to six weeks to measure their progress. Medical notes were all in Spanish so staff interpreted them for us. The notes reflected what staff had told us. The orthodontist told us they only provided a copy of the treatment plan to people if they requested it.

There were not appropriate arrangements in place to deal with foreseeable emergencies. There was a medical emergencies kit and all items in it were in date. During the visit we saw an empty bag for an oxygen tank. We asked if there was an oxygen tank. Staff did not know if there was one. Shortly after we asked we found an oxygen tank under a counter in the surgery. We pointed it out to staff and they immediately packed it away in the appropriate casing. The tank was in date. The provider did not have any records to confirm checks were carried to the kit to or verify the servicing of emergency equipment.

Staff told us they had received training for basic life support. They were unable provide the certificates to verify this and they did not recall the date they attended. The orthodontist explained what they would do in the event of a medical emergency. The explanation was in line with what would be expected.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

There were not effective systems in place to reduce the risk and spread of infection. We asked staff if there was an infection control policy. Staff we spoke with said they did not know if there was a policy in place and were therefore unable to explain the practice's policy. There was a separate area for the decontamination of instruments. The area had a "dirty" to "clean" zone.

On the day of the visit the surgery was clean and well maintained. The surgery was cleaned daily by an external company. There was a dentist who was working in the capacity of a dental nurse and performing the relevant duties. This member of staff was responsible for cleaning all clinical areas including the dental chair, instruments, surfaces and the hand piece. Staff told us that clinical waste was collected on a monthly basis by an external company. We did not see records confirming this.

There was no system in place to check the effectiveness of sterilising equipment. For example staff did not know if or how frequently the autoclave and washer disinfectors were tested. They were not able to provide records of the daily cycles to evidence how frequently the machines were used or whether instruments had been sterilised successfully. Neither were they able to provide evidence that the machines were serviced regularly. Staff did not have knowledge of the Health Technical Memorandum 01-05 best practice guidance. Staff told us the registered manager was responsible for carrying out the checks and maintenance records of infection control audits. The registered manager was absent on the day of our inspection and we were advised they would send them to us when they returned. We spoke with the registered manager following our visit and they advised us the dentist performing the duties of the dental nurse was responsible for infection control. The registered manager told us that since our visit they had "ordered strips" for testing the autoclave. We asked how they had been testing equipment if they currently had no strips. They told us that since the dental nurse left in June (2013) they were unsure how tests were being carried out.

The person responsible for infection control did not demonstrate they had the knowledge

to do so. We asked them for a demonstration of the decontamination process. During the demonstration they had to be prompted to remember various parts of the process by the orthodontist. For example they had to be reminded to put gloves on and also to examine instruments when they came out of the washer disinfectant before putting them in the autoclave.

The provider did not minimise the risk of recontamination. This was because instruments were not rinsed in a separate container or sink. In addition to this there was no separate hand wash basin. Health Technical Memorandum 01-05 best practice guidance suggests that separate cleaning and rinsing sinks greatly reduce the risks of recontamination of instruments with previously removed particles. It also states that these sinks should not be used for hand-washing.

Once instruments were removed from the ultra-sonic cleaner, they were not inspected using an illuminated magnifying glass. We saw that instruments were bagged and dated but we could not be assured that they had been sterilised appropriately.

Staff did not know if a legionella risk assessment had been carried out. They were unable to produce a copy of a risk assessment. They told us they would have to "check with the registered manager" when they returned from annual leave. We gave the provider an opportunity to provide the risk assessment following our visit, but this was not received.

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were three orthodontists and a dentist who was performing the duties of a dental nurse employed by the practice on the day of our visit. All of the orthodontists were registered with the General Dental Council (GDC). The dentist performing the duties of the dental nurse was registered with the GDC as a dentist. The orthodontist we spoke with demonstrated they were familiar with orthodontic practice.

There was not enough qualified, skilled and experienced staff to meet people's needs. None of the staff demonstrated an appropriate understanding of infection control. Neither were they able explain the systems in place to minimise the risks and spread of infection. Staff we spoke with on the day were not aware of the requirements of HTM (01-05) best practice guidance.

Staff were not able to work effectively in the absence of the registered manager. For example they did not know where patient's paper records were kept. The practice did not demonstrate that there were sufficient staff with the right knowledge, experience or qualifications to meet the needs of people who used the service.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were not fit for purpose. We were unable to see that clinical records were relevant and accessible. During our inspection we reviewed electronic clinical notes and paper medical history forms. These were all written in Spanish so we were unable to read them. Staff told us that approximately 30% of their clients were non Spanish. Records were not available in accessible formats.

Staff told us that letters sent to people, including those written in English were kept in paper format. Staff could not locate any of the paper records requested on the day of our visit. Staff told us that the registered manager who was absent on the day of the visit was the only one who knew where they were kept. We also asked to see staffing records including criminal records bureau checks (CRB's) and training records. Staff had to make telephone calls to try and locate these documents.

Accurate records were not maintained. People's records did not have an accurate indication of which orthodontist they had been seen by. We looked at records for the current and previous week. The registered manager's name was against records as the orthodontist treating patients for the week they were absent. The orthodontist who was present during the visit explained they had treated patient's for the past week week in the registered manager's absence. They told us patients were fully aware of who they were and it was only the electronic records that were "misleading". They explained that they and another orthodontist only worked part time so it was "easier" for them to use the registered manager's name on electronic records because of the system they used. They therefore did not have an accurate audit trail indicating which orthodontist had treated patients.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Staffing
	How the regulation was not being met: The provider did not take appropriate steps to ensure that at all times there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22
Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Records
	How the regulation was not being met: The registered person failed to ensure that service users were protected against the risk of unsafe and inappropriate care and treatment arising from a lack of proper information being available. Regulation 20 (1) (a) and (2) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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