

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

Dentalign Orthodontics - Wokingham

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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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dentalign Orthodontics LLP
Overview of the service	Dentalign Orthodontics - Wokingham provides orthodontic services to children and adults privately and under NHS contract. The service is operated by Dentalign Orthodontics LLP.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 12 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke with five patients or their parents/guardians by telephone following our visit. People were complimentary about the treatment they received from the practice. We received a number of positive comments about the quality of the services and the friendliness, professionalism and approachability of staff. One person told us "I would recommend the service. My daughter never minds attending. They tell her what they are going to do and give her advice". Another person said "The clinic is always busy, but they always explain and never rush" and "I have every confidence that they will do a good job". They said "I had heard good things about them from a neighbour that's why we agreed to go there".

We found the provider met the outcomes we inspected and had systems in place to monitor their own compliance with regulations. Patients were asked for their feedback about the quality of services and the practice acted on any information received. Regular audits were carried out to ensure the practice maintained people's health, safety and welfare.

Consent was sought at the outset of treatment and information was provided to people about treatment options. People's medical and dental health needs were accurately documented. We saw the practice was clean and well maintained and the staff followed appropriate infection control measures. Staff were trained and professional.

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'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

People who use the service understood the care and treatment choices available to them. People told us they were satisfied with services provided. They told us consultations and treatments took place in the privacy of the individual consulting rooms, behind closed doors. People told us they felt that medical information about them was kept confidential and secure.

We looked at the practice's website. We saw information was provided about the services on offer and the experience and qualifications of the staff team. The website gave information about the practices opening times and how to contact the practice during business hours and in emergency. It also included testimonials from patients who had completed treatment.

We spoke with the receptionists who demonstrated the computerised appointment system. We saw appointment times were discussed and arranged to suit patient's individual needs. We observed patients being greeted in a friendly and professional manner as they arrived for appointments. Patients were asked to wait in the patients lounge until called. There were practice related notices on the walls of the waiting room and a range of leaflets were available. We observed patients being called into individual consultation rooms in a timely manner.

People who use the service understood the care and treatment available to them. They told us they were provided with sufficient information to make an informed choice about their treatment. They told us they felt they were always treated with dignity and respect by "caring professional" and "competent" staff.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the records of seven patients. We saw that people entered into a contract with Dentalign at their initial consultation. The contract told patients what they could expect from the service and their obligations to attend for treatment at regular intervals. Staff told us they were aware treatment could be refused and patients had the right to withdraw consent after it had been given although this rarely happened. The practice provided NHS treatment to children and we saw their consent forms had been appropriately signed by a parent or guardian.

We saw from the records the dentist carried out a detailed examination of patients' oral and dental health which sometimes included taking x-rays. Verbal consent was sought from a parent or guardian before the x-rays were taken. Photographs were taken at the first examination along with impressions. The records showed us the dentist had considered all possible options for treatment and had discussed them with the patients and their parent or guardian. Patients were informed about the risks and benefits of various treatments. A treatment plan was agreed and drawn up and signed by a parent or guardian. Patients told us they were always given a copy of the treatment plan along with a detailed breakdown of any costs not covered by the NHS.

The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was routinely sought from the child's parent or guardian before treatment began. All of the staff had received appropriate training in safeguarding children and vulnerable adults and the service had an area manager who took the lead in such matters.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they had been referred to Dentalign by their dentist for specialist orthodontic treatment. We saw referral letters on patient's files that provided a brief outline of their needs. The practice dealt mainly with children who saw the orthodontist under the NHS. However, adults could choose to be treated by the practice privately. Initially private patients were seen for a free 30 minute consultation with an advisor, to discuss their needs. They were offered a range of treatments and were provided with the various costs involved before committing to further examination and treatment by the orthodontist.

We spent time with the area manager, the receptionists, nurses and one of the dentists. They told us people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

We saw from the records of seven people who attended for treatment, they were asked about their dental and medical history. All patients and/or parent or guardian were asked to update and sign a medical questionnaire at the start of their treatment. Detailed records were kept of each visit. If necessary patients would be referred back to their referring dentist for extractions and/or other treatment before their orthodontic treatment began.

We were told by patients that questions and explanations about treatments were discussed with children in an appropriate and child-friendly manner. One person told us "My daughter was very nervous about orthodontic treatment however, the dentist put her at ease and she now attends regularly without anxiety".

Staff told us they had been trained to deal with medical emergencies and there was guidance and protocols for staff to follow. Resuscitation equipment and drugs were available on site and staff were trained in their usage.

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

There were effective systems in place to reduce the risk and spread of infection. People told us they had no concerns about the cleanliness of the practice. One person told us "It's all very clean and staff wear masks and gloves when providing treatment". Up to date information provided in the practice's satisfaction surveys demonstrated that 100% of patients thought the service was always clean and well maintained.

There were effective systems in place to reduce the risk and spread of infection. We were told the practice was thoroughly cleaned on a daily basis and the dental nurses were responsible for cleaning the surgeries between patients. The dental chair and all surfaces and equipment were cleaned between uses.

The practice had policies and procedures in place to prevent and control the spread of infection. The practice had a separate decontamination room and a clear process for the decontamination of used instruments.

Used instruments were removed from the treatment rooms in plastic containers. There was a process of 'dirty to clean' in the decontamination room which was laid out in accordance with guidance. The instruments were taken through a process starting with a sink for scrubbing and another sink where instruments were rinsed. The nurses checked for any further debris using a lighted magnifying glass before moving to the sterilisation area. The practice had two sterilisers which were tested daily to ensure they were operating safely and effectively. Test strips were used during each cycle to confirm the sterilisation process had been effective. At the end of the process the instruments were bagged ready for use. The bags were sealed, dated and allocated an expiry date. Each step of the process was documented with reminders and guidance for staff.

The service carried out regular infection control audits to ensure appropriate standards of hygiene were being met by the practice. The results of the most recent audits undertaken in May 2012, December 2012 and March 2013 were seen and demonstrated compliance with the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

We saw staff wore protective equipment whilst they carried out treatment which included a clean laundered uniform, gloves, masks, eye protection and aprons. Staff changed out of their uniform before they left the building to avoid cross infection. Nurses and dentists had received immunisations required for working in dental practice which included vaccination against Hepatitis B.

Clinical waste and sharps boxes were removed from the premises by a recognised waste contractor. We saw detailed invoices and a contract which confirmed regular collections took place.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke with nurses who told us they felt well supported by management of the practice. They told us they were provided with opportunities to keep their training up-to-date and to gain further professional qualifications. The nurses were positively encouraged to embark on a programme of training that would eventually progress them to dental therapist level. We spoke with one nurse who had recently qualified as a dental therapist. They told us they felt valued by the practice and felt patients benefitted from their extra skills and knowledge.

We were shown a comprehensive induction manual which all new nurses had to work through. It was highly detailed and informative and was used in all of Dentalign's practices. There were completed sign off sheets and a workbook that went along with the manual.

We saw files that contained details and certificates of training which had been undertaken by the staff. The nurses told us they undertook 150 hours of training over a five year period in order to maintain their registration. The training included topics such as law and ethics, radiation, medical emergencies, safeguarding, infection control and decontamination.

The dentists completed 250 hours of training in 5 years, 75 hours of which was verified, in order to keep informed about new developments in the field of dentistry and orthodontics.

All of the staff had completed various training courses to enhance their knowledge and skills. This included 'lunch and learn' sessions provided by external organisations. Some of the training was available to staff on-line. The list of training courses was extensive and included topics such as conflict management, information governance and complaints handling. Dentalign encourage staff to attend a yearly conference where new ways of working and policies and procedures were discussed.

All staff had completed training in the past year in safeguarding children and adults and resuscitation that included the use of the practice's defibrillator. Staff had also received infection control training.

We saw the minutes of staff meetings which were held regularly. They were patient focused and provided staff with the opportunity to feel involved with the running of the

business. Staff told us they enjoyed working at the practice. The nurses were appraised annually and were regularly observed in practice to ensure their knowledge was current and they were following guidelines and procedures correctly.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the practice had a quality assurance system in place which sought feedback from patients about their experiences. The people we spoke with told us they were asked to complete questionnaires about their experiences. They said they felt that they could be completely honest in questionnaires as they could complete them without giving their name. People told us they knew what to do if they had concerns or complaints. One person said "I would talk to the dentist directly if I had concerns. I have always found them very approachable".

There was a suggestion box in the waiting room where patients could leave their comments. This was checked regularly and any suggestions were followed up by management. Patients could also leave their comments and testimonials on the practice website.

The practice regularly asked patients to complete a customer satisfaction survey. This was carried out on a random basis. We saw the analysis of results of surveys carried out in the past six months. The results demonstrated overall satisfaction with services provided. We saw 95% of patients said their treatment was good and 75% said they felt fully involved their treatment. The area manager confirmed that an analysis of results helped the practice focus on how best to improve services to patients. The information was also used by the organisation to compare satisfaction levels in one practice with satisfaction levels in another.

We saw the service kept a record of all accidents and incidents. Management audited the records regularly to identify ways of reducing the risk of recurrence. Appropriate risk assessments were in place regarding the premises, equipment, hazardous substances and general risks to staff and people using the service. We saw audits were carried out regularly on records kept at the practice including infection control, staff files, training and health and safety.

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.

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