

Review of compliance

Mr. Rajesh Patel The Orthodontic Practice	
Region:	East Midlands
Location address:	5 St James Court Friar Gate Derby Derbyshire DE1 1BT
Type of service:	Dental service
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Overview of the service:	The Orthodontic Practice is a specialist orthodontic service provided by Mr. Rajesh Patel. It is located in the centre of Derby and provides services for people referred by local primary care trusts as well as private patients.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Orthodontic Practice was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 5 January 2012.

What people told us

People we spoke to said that they received care which met their needs and felt staff communicated with them well. They also said that they felt the practice was clean and that staff used personal protective equipment to ensure hygienic practice.

What we found about the standards we reviewed and how well The Orthodontic Practice was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using the service experience effective, safe and appropriate care, treatment and support that meets their needs.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People using the service are protected by effective arrangements based on national guidance for the prevention and control of risks from infection.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to four patients who described the care they experienced. They all felt that the practice delivered care and treatment in a way that met their needs and felt safe when they had treatment. They also felt involved in the planning of their orthodontic care and were asked for their consent before treatment was undertaken. They said that staff communicated with them well.

Other evidence

The practice has a patient information leaflet which gives details about the practice including surgery hours, emergencies and information about how to make a complaint. The waiting room has a large screen which shows pictures of patients before and after orthodontic treatment at the practice. We were shown a consent form which allows for the use of identifying photography.

We saw evidence in the form of letters which showed that patients had been offered choices as to treatment options. There were also consent forms for patients. Treatment specific information leaflets are also provided for patients.

There are local rules for the digital x-ray machine which is located in a lead lined room behind the reception desk.

We saw evidence that staff had undergone appropriate training in a range of areas. These included training in complaints' handling and child protection undertaken on 7 October 2011 through the Regional Dental Education Office. Training in basic life

support took place on 12 January 2011 whilst first aid training was undertaken on 18 August 2010.

There are monthly practice meetings which discuss the management of the practice, audits and training issues. During a meeting on 16 June 2011 staff were asked to read a file which contained the Care Quality Commission (CQC) policies and to sign that they had understood them. There was also a discussion of child protection procedures at this meeting.

We saw evidence of audits being undertaken including a radiograph report audit and audits of treatment forms, and the labelling of patient notes. Patient and parent end of treatment questionnaires and new patient questionnaires are undertaken to measure people's experience of care.

Our judgement

People using the service experience effective, safe and appropriate care, treatment and support that meets their needs.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke to four patients who described their experience of cleanliness and infection control. They all felt that the clinical areas of the practice were clean and that staff always wore gloves and masks when treating them.

Other evidence

The practice meets the best practice and essential quality requirements for decontamination in primary dental care. These requirements are set out in the Department of Health publication 'Health Technical Memorandum (HTM) 01-05'. There are decontamination and infection control policies which cover all relevant areas. An Infection Prevention Society self-assessment audit was carried out in 2011. A legionella risk assessment was carried out on 18 March 2011. The provider Mr. Rajesh Patel is the infection control lead.

There is a separate decontamination room on the ground floor. This contains an autoclave and a washer disinfectant which are both covered by maintenance contracts. The autoclave has a system which allows it to undertake automatic checks to ensure it is decontaminating instruments safely.

There is evidence of infection control training having been undertaken. These included an all-day course on decontamination and HTM 01-05 held on 18 June 2010, and other external courses attended by members of the practice team. There was also evidence of training in infection control being undertaken by two dental nurses as part of the National Examining Board for Dental Nurses course.

Decontamination and infection control issues are discussed at practice meetings which

are held on a monthly basis. During a meeting held on 9 March 2011 the use of the autoclave was explained. On 16 June 2011 an audit of the cleaning of the practice was presented. This was undertaken as a cleaner had left the practice and cleaning was therefore now done by other staff. The audit had picked up examples of poor cleaning including dirty and dusty surfaces.

Our judgement

People using the service are protected by effective arrangements based on national guidance for the prevention and control of risks from infection.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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