

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

Brockley House Orthodontic Practice

Pilgrims Way, Guildford, GU4 8AD

Date of Inspection: 04 February 2013

Date of Publication: March 2013

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
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mr. Nigel Taylor
Overview of the service	Brockley House Orthodontic Practice is a part time private orthodontic practice, providing the full range of orthodontic care for children and adults.
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 4 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We found the practice to be a modern well appointed and well maintained specialist orthodontic practice. The staff were friendly welcoming and informative. We saw evidence of good communication and team working.

We spoke to three patients and followed their patient journey from arrival to departure from the clinic. At all times the patients were treated with dignity and respect and communication with the patients was good. All three patients were complimentary about the practice. They reported they had been advised of their treatment options and costs and possible outcomes of their treatment. All three had originally come to the practice on recommendation and told us they would recommend the practice to a friend.

We talked individually with each member of staff all of whom had been working at the practice for many years. They reported they felt fully supported in their professional lives by the provider.

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 privacy, dignity and independence were respected.

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 choices available to them. Three patients consented and gave us interviews which showed they understood the treatment they were offered. We saw evidence of consent to treatment and evidence that the patients were provided with a series of treatment options and the cost of each treatment option. All three patients were complimentary about the practice. They reported they had been advised of their treatment options and costs and possible outcomes of their treatment.

People expressed their views and were involved in making decisions about their care and treatment. We observed three patients being treated in the surgery. Good communication was observed, and the patient's views and questions were listened to and appropriate notes were recorded in the record cards. All three patients when interviewed in the waiting room, said that Mr. Nigel Taylor, had been recommended to them and that they were highly satisfied with the care and professional attention which he gave to them.

People who use the service were given appropriate information and support regarding their care or treatment. Practice information leaflets were available in the waiting room and we noted that each patient had been given clear and supporting information packs regarding their individual treatment.

All three patients said they had been treated with dignity and respect in their dealing with all members of staff.

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

Peoples needs were assessed and care and treatment was planned and delivered in line with their individual needs. Patient records contained detailed treatment plans and signed consent forms present and demonstrated patient involvement in their care pathway. We saw evidence that medical histories were updated for each course of treatment. This meant that the staff were aware of any relevant medical information that may affect the patient's treatment. A protocol was in place to flag up medical alerts to protect both staff and patients and ensure up to date information was considered prior to treatment. We saw that various treatment options and costs had been discussed, and that the treatment of the patient was safe and benefited from the option chosen.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence that staff had attended training for medical emergencies and CPR which we saw was up to date. There was a range of equipment including emergency drugs and oxygen available for dealing with medical emergencies. The medical emergency drug kit was checked and all drugs were in date and the contents of the kit, in accordance with resuscitation council guidelines. A protocol was seen, which ensured that the various drugs in the kit were regularly checked and kept up to date. This meant that the risk to patients' during dental procedures was reduced and patients were treated in a safe and secure way.

Evidence was seen of all staff participation in "fire drill" and "practice medical emergencies".

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

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

We observed the practice was clean and well decorated, and this was confirmed by the patients we interviewed. We observed the practice complied with the current relevant guidance on colour coding equipment for cleaning the premises, and that the practice had in place guidelines and protocols.

The HTM01-05 guidance on cleaning and decontamination were adhered to and we saw evidence of this through appropriate records and observation. The appointed decontamination lead showed us the decontamination cycle. Dirty instruments were correctly transported from the surgery to the dedicated local decontamination unit. The correct procedure for decontamination of instruments flowed in accordance with HTM01-05 guidance, following which the instruments were correctly bagged, dated and stored. Validation of the equipment was recorded and logged for every cycle. All maintenance logs were seen to be in date for all the equipment.

Personal protective equipment was available to all staff and worn appropriately. Hand washing training had taken place recently and had been logged, and appropriate protocols were seen to be in place.

A Legionella risk assessment had been carried out at the practice and the recommended procedures contained in the report were carried out and logged appropriately.

The dental unit waterlines were routinely cleaned in accordance with HTM01-05.

Regular cross infection control audits were seen to be carried out, and logged accordingly.

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 saw training records for all staff including relevant Continuous Professional Development certificates. We saw evidence that all clinical staff were compliant with General Dental Council (GDC) guidance on verifiable CPD. This demonstrated staff had attended appropriate training for their role.

Staff were able from time to time, to obtain further relevant qualifications.

We saw evidence that each member of staff had a personal development portfolio and we saw evidence of annual appraisals for all staff taking place.

We saw evidence of regular minuted staff meetings where individual and practice development plans were discussed. This demonstrated the provider was supporting staff to deliver care and treatment safely. We saw evidence that the provider ensured that himself and all members of staff received appropriate training professional development.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We observed individual patient record cards which contained full and contemporaneous notes in-line with current best practice. We saw that medical histories were updated for each course of treatment.

We saw evidence of a regular record card audit to check that the right information was being recorded. A system was in place for safely and securing patient records.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw evidence of the practice risk assessment ensuring a safe environment for staff and patients. There were records of regular fire and medical emergency drills. The policies and protocols for the day to day running of the practice were seen including all relevant records such as waste transfer records which ensured practice was compliant with all current legislation. Equipment maintenance logs were seen and were up to date including the radiation protection file. The equipment was modern and fit for purpose and policies and protocols in place to ensure maintenance of all equipment in the practice.

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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