

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

Ipswich Orthodontic Centre

72 Berners Street, Ipswich, IP1 3LU

Tel: 01473255399

Date of Inspection: 12 December 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
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mr. Farid Sayme
Overview of the service	The Ipswich Orthodontic Centre is providing an orthodontic service for both private and NHS patients. However, all patients aged 18 years or over will only be treated on a private basis.
Type of service	Dental service
Regulated activities	Diagnostic and screening 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 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people attending appointments in the service and five accompanying relatives. With their permission we accompanied four people during their consultation and treatment. All praised the relaxed, friendly atmosphere and spoke positively about the quality of the service. One person, following their consultation, said that staff had, "Explained everything, nice to be able to come in and ask questions." A parent told us, "Been brilliant, absolutely fabulous, very informative and very comfortable."

People told us they felt respected by staff and were fully involved in the decisions about their orthodontic care. We observed children being given time to ask any questions about their treatment and after care. One child told us how they felt comfortable with the staff, who they get to know well over the period of their treatment.

Parents told us they felt included, which helped them support their children and monitor, to ensure aftercare routines were followed. One person told us, "I come to every appointment so I can understand." Another person told us, "As a mother I want to know what (their child's name) needs to do."

When we asked people if they would recommend the service to others, they told us they would. One person responded with a, "Most definitely."

People told us the waiting and clinical areas were always clean and tidy. One person told us they were, "Very impressed, feels very clean, has been like this from day one."

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

We spoke with six people attending appointments in the service and five accompanying relatives. They were all positive about the quality of the service and the staff. We saw that the analysis of the 61 completed 'Patient Satisfaction Questionnaire' in May 2012, also evidenced that people were happy with the service provided. One person had written, 'Excellent service and staff, nothing is ever too much trouble'.

People expressed their views and were involved in making decisions about their care and treatment. Prior to any decision being made to commit to orthodontic work people were invited to an assessment visit where the Orthodontist carried out an examination of the person's teeth. For people under the age of 18, it included an 'Index of Treatment Need' assessment, to identify if they met the criteria to qualify for the treatment to be funded by the National Health Service (NHS).

Where people did not qualify for NHS funding, or were aged over 18, they were invited to a free initial consultation. With people's permission we sat in on their consultations and observed them to be undertaken in a relaxed, informative manner. We heard staff ask people what they wanted to achieve and discuss the different treatment options and costs. We saw that people were given information to take away. One person told us following their consultation, "Absolutely lovely, no pressure at all, very helpful I would much rather be told everything, it makes me feel more comfortable."

People who had their orthodontic treatment funded by the NHS, told us that staff had made them fully aware of the cost if they broke their dental appliance through neglect. One person told us, "Right from the start told me it would cost £62.70."

We observed staff to treat people in a respectful, polite manner. One parent praised the way staff communicated with their child. They told us staff would ask them, "Do you have any questions, and even if it was a silly question, staff did not treat it as silly, instead they answered it and put (child's name) at ease."

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 treatment plan. Everyone we met during our inspection was positive about the standard of treatment they received. They told us that they would have no hesitation recommending the service to others. One person told us, "They (Orthodontic staff) explained what they are doing, I pointed out a minor issue and they acted on it."

With their permission, we observed four people during their consultations and follow up treatments. We heard people being asked if there had been any changes in their medication or health which could effect their treatment. We heard staff interact well with people and give clear explanations of what they were doing and why.

We heard people being given guidance on how to look after their dental appliance and to contact staff if there were any problems. One parent said, "I've had to phone up a few times and staff always accommodate us and try to fit us in the earliest they can."

Where one person had their appliance removed we heard staff provide dietary advice which included avoiding hard, chewy and sticky foods, which could damage the teeth.

Staff showed us where they had updated a person's medical history on their electronic records to reflect the information given during their consultation. We saw that there was a system in place to alert staff of any medical issues they needed to be aware of. For example, where a person was an asthmatic, staff would know to monitor their breathing whilst dental moulds were being taken for any signs of distress.

Systems were in place to deal with medical emergencies. We saw that staff had easy access to emergency first aid equipment, including oxygen. Drugs were held to support people with a range of emergency conditions including anaphylaxis and cardiac problems. Records showed that staff had attended training to provide emergency care.

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

During our announced inspection we asked people if the waiting area and clinics normally looked clean and tidy. They told us they did. One person told us, "Always, for a reception area I'm very impressed, feels very clean it's been like this from day one." One parent told us they felt the waiting room looked, "Modern and clean."

There were effective systems in place to reduce the risk and spread of infection. Systems were in place to ensure that any cross contamination was minimised. We observed that staff uniforms were cut off at the elbow. This supported good hand hygiene practice to prevent cross infection during people's treatment. We observed staff cleaning equipment and work areas between consultations, which included the dental chair, lamp, delivery units and spittoons.

We saw that infection control policies and procedures were in place and records to confirm cleaning and testing of equipment had been completed. There was a contract in place for the collection and safe disposal of clinical waste.

The provider was able to demonstrate how they had addressed, monitored and reviewed essential quality requirements and best practice guidance issued by the Department of Health relating to cross infection.

Staff talked us through their 'decontamination' process which involved the washing, cleaning, inspecting and sterilising of tools used by the dentists and hygienist. Once sterilised, we saw that equipment was sealed and dated to be used in a strict timeframe.

We saw that the service did not have dedicated sinks for cleaning and rinsing of instruments. Instead, to cut down the risk of cross infection they used one sink and two moveable containers. Although guidance issued by the Department of Health could be interpreted that two separate containers could be used, we clarified with the practice manager that two separate sinks, or a double bowled sink was required. We were told that they would address this, after consideration had been given to identify which would be the best workable solution, taking into account the layout of the room.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with told us that they had confidence in the staff's abilities. One parent told us that staff had, "Picked up something that other dentists had missed."

There were effective recruitment and selection processes in place. We saw that the service had a recruitment policy in place which supported equal opportunity. This included set interview questions and the use of a scoring system. This meant that people attending an interview were all asked the same questions and scored on their answers during the interview. The scores were added up to support the provider in identifying the best candidate for the post.

We looked at the personnel file for a new member of staff. It contained a completed application and interview feedback form. There was evidence to show that the member of staff had been given an employment contract and commenced on their induction programme. This meant that new staff were provided with information on their pay and conditions and supported in their new position.

The personnel file contained information to validate the person's name, address and employment history. We saw information which confirmed that the member of staff was qualified and was registered with their professional body to practice. Training records showed that the person kept their professional skills and knowledge updated. We saw that the service had systems in place to check that the people they employed were allowed to work with vulnerable adults and children.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. Where English was not a person's first language, and they did not have a person with them that could translate, we were told staff would access the 'Language Line' service.

The service information leaflet provided people with a summary of what to do in the event of a complaint. People were informed that a copy of their 'Complaints Code of Practice' could be obtained from reception or on their website. People were also given information on who they could contact if they felt their complaint had not been resolved to their satisfaction.

During our inspection we did not receive any concerns from the people we had spoken with in private. We were told if they did have any issues they would feel comfortable to approach staff direct. One person told us that they had not had any problems which would cause them to complain. They told us, "Been very good actually, well run."

People's complaints were fully investigated and resolved, where possible, to their satisfaction. Staff showed us how complaints were recorded, investigated and responded to in a timely manner. We saw that they had received one complaint in 2012 which had been investigated and responded to. However, we also noted that the complaint concerned treatment carried out several years ago, prior to the current provider running the service.

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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