

Review of compliance

Mr. Andrew Rodick Chesterfield Orthodontics	
Region:	East Midlands
Location address:	South Place Chesterfield Derbyshire S40 1SZ
Type of service:	Dental service
Date of Publication:	February 2012
Overview of the service:	Chesterfield Orthodontics is a specialist orthodontic service provided by Mr. Andrew Rodick. It is located in Chesterfield 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

Chesterfield Orthodontics 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 6 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 Chesterfield Orthodontics 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 two patients who described the care they experienced. They 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 includes a frequently asked questions section giving information about orthodontic treatments. It also provides information about opening times.

We saw evidence 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.

We saw evidence of local rules being available for the x-ray machine which is used in the practice.

We saw evidence that staff had undergone appropriate training in a range of areas. These included training in orthognathic surgery undertaken by the provider on 5 May 2011, and an on-line oral hygiene course undertaken by a dental nurse in January 2011. Evidence of training in basic life support was also seen. This included a medical emergency and basic life support skills course taken on 6 September 2011, and a first

aid course run by St. John's Ambulance undertaken in February 2011.

There are monthly practice meetings which discuss the management of the practice, audits and training issues. A meeting on 13 May 2011 included a discussion of an incident involving a box of instruments. Whilst a meeting held on 26 November 2011 discussed the creation of new systems for patient assessments and appointments. We were advised by the provider that significant events are analysed and discussed at team meetings.

We saw evidence of audits being undertaken by members of the team at the practice. These included audits of radiographs, clinical records and photographs. There was also a specific audit on temporary anchorage devices, which are mini-screws used as part of orthodontic treatment. This contributes to a British Orthodontic Society database managed under the auspices of the National Institute for Clinical Excellence (NICE).

We saw evidence that patient satisfaction surveys are undertaken and analysed on an on-going basis. Patients can undertake these surveys either through using a smart phone or by completing a paper form.

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 two patients who described their experience of cleanliness and infection control. They 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 in all major respects. 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. There is a separate decontamination room. This contains an autoclave and a washer disinfectant which are both covered by maintenance contracts. Evidence of steam tests on the autoclave were seen. There is a contract for the removal of clinical waste.

An Infection Prevention Society self-assessment audit was carried out on 15 December 2011. This audit identified that a sink in the decontamination room needed replacing so as to remove a plug and an overflow. HTM 01-05 states that hand-washing sinks should not contain plugs or overflows. We were informed by the provider that this work had been arranged to be done. We were also advised that further audits would be carried out on a quarterly basis. There is an appointed member of staff who is the lead for infection control.

Evidence of training in decontamination and infection control was seen. Decontamination and infection control issues are discussed at practice meetings which are held on a monthly basis.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA