

# Review of compliance

<p>Mr. Nicholas Huntley Cleveland Orthodontics</p>	
<p><b>Region:</b></p>	<p>North East</p>
<p><b>Location address:</b></p>	<p>32-36 Baker Street Middlesbrough North Yorkshire TS1 2LH</p>
<p><b>Type of service:</b></p>	<p>Dental service</p>
<p><b>Date of Publication:</b></p>	<p>March 2012</p>
<p><b>Overview of the service:</b></p>	<p>Cleveland Orthodontics is an established service located in the town centre of Middlesbrough, providing dental care to the whole population within the area. In 2011 the practice achieved the British Dental Association (BDA) Best Practice Award.</p> <p>The practice was registered with the Care Quality Commission (CQC) in 2011. It is registered to provide the</p>

	regulated activities of treatment for disease, disorder or injury (TDDI), diagnostic and screening procedures (D&S) and surgical procedures.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Cleveland 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, carried out a visit on 19 January 2012, checked the provider's records, reviewed information from people who use the service and talked to staff.

### What people told us

We did not speak to people who used the service about this outcome. But we looked at a range of surveys completed by people who attended the practice and the overall results.

People said that they were happy with the service provided. They felt their dignity was maintained and their privacy protected. They were encouraged to ask questions and felt staff had the time to answer their questions.

People who used the service said that they were provided with good information both about the treatments and the cost of the different treatments.

They said that staff were helpful and nice.

People reported that staff were good at discussing all their treatment options and they felt they had realistic expectations of the procedures they were having.

### What we found about the standards we reviewed and how well Cleveland Orthodontics was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Overall the provider was meeting this outcome and ensured that people using the service were respected and involved. Their dignity and privacy was upheld.

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

Overall the provider was meeting this outcome. People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Overall the provider was meeting this outcome and was ensuring that people were protected from abuse and the risk of abuse.

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

Overall the provider was meeting this outcome. We found the provider had systems in place to ensure the practice was clean and people were protected from the risk of infection.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Overall the provider was meeting this outcome. People receive a service from trained and competent staff

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Overall the provider was meeting this outcome and was ensuring that people could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remain confidential.

**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 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people who used the service about this outcome. But we looked at a range of surveys completed by people who attended the practice and the overall results.

People said that they were happy with the service provided. They felt their dignity was maintained and their privacy protected. They were encouraged to ask questions and felt staff had the time to answer their questions.

People who used the service said that they were provided with good information both about the treatments and the cost of the different treatments.

They said that staff were helpful and nice.

People reported that staff were good at discussing all their treatment options and they felt they had realistic expectations of the procedures they were having.

##### Other evidence

We saw examples of a range of patient information leaflets available to people using the service. Leaflets were displayed in the reception area.

We saw staff in the reception area welcoming people to the practice and advising them how to complete forms prior to treatment. A comments box was available in the reception area, a complaints policy and procedure was in place. The practice had a newsletter available in reception that included results of a survey.

Staff said when people visited to register with the practice general details were completed at reception. People were taken to a private area to discuss their medical history.

**Our judgement**

Overall the provider was meeting this outcome and ensured that people using the service were respected and involved. Their dignity and privacy was upheld.



## 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 did not speak to people who used the service about this outcome. Staff said that people who were new to the practice had a 15 -20 minute appointment with the dentist to enable them to talk through all the different treatment options and make their own decision about their treatment.

Survey results showed that the practice was comfortable and staff welcoming. People said appointments were available to meet their needs.

##### Other evidence

The majority of people attending the practice had been referred by their own dentist. Staff said when people made an appointment for the first time basic details would be confirmed at the reception desk then people were taken to a private area to complete their medical history. The information was given to the dentist prior to the appointment time and discussed with the person during the consultation. Patients could ask to speak to a treatment co-ordinator if they wanted further explanation of proposed treatment before making a decision.

We were told that there was a system in place to record all adverse events, accidents and incidents. Staff demonstrated knowledge of the notification process they had to follow to comply with the regulations.

#### Our judgement

Overall the provider was meeting this outcome. People who used the service

experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people who used the service about this outcome. Staff told us that the practice provided a service to both adults and children

##### Other evidence

The practice had adult and child protection policies in place with contact numbers available for the local authority safeguarding team if needed. The staff handbook included information on safeguarding, whistle blowing, bullying and harassment.

Staff spoken with were aware of the safeguarding referral process in the event of an incident of harm or abuse being reported.

There was evidence that staff were attending safeguarding training in March 2012.

##### Our judgement

Overall the provider was meeting this outcome and was ensuring that people were protected from abuse and the risk of abuse.

## 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 did not speak to people who used the service about this outcome. We noted that the practice appeared clean and well maintained. We were told that the practice was cleaned each evening by the domestic staff and dental nurses were responsible for cleaning and preparing the surgery for the next patient. The practice manager was the lead person with regard to cleanliness and control of infection in the practice.

##### Other evidence

A staff member demonstrated how the surgery was prepared between patients including cleaning of the chair, all items used were disposed off or put in an appropriate storage box for decontamination. We saw that a record for the cleaning of dental water lines was completed daily.

Health and safety information was displayed in the surgery with reference to use of equipment and safety guidance to follow.

Staff wore uniforms and told us there were facilities available for changing. They were responsible for laundering their own uniforms. There was also personal protective equipment for staff available.

A senior nurse showed us the procedure followed for instruments that required decontamination. There was a designated room on the upper floor for this process. Instruments were taken to the cleaning area from the surgery in sealed colour coded boxes marked dirty. When initial cleaning had been completed the instruments were passed through to the sterilisation area where on completion of the process they were seal packed and dated. There was a clear process in place to ensure that clean and dirty instruments did not contaminate each other. All sterilised instruments had a 60 day

life span if unused the process was repeated.

There was a system for quality testing the washer-disinfector and the autoclave each day. A signed record for this procedure was available in the room.

The decontamination room had two sinks, one for hand washing and the other for washing instruments. The lead nurse explained how instruments were manually checked after the washing phase. They said any residual matter would be cleaned and the instrument re-washed prior to sterilisation.

We were shown service agreements and up to date certificates for the checking and maintenance of the decontamination, sterilisation and water systems testing. There were service agreements for the management of waste including clinical, hard and soft waste. On looking round the practice we saw designated waste disposal areas externally with appropriate bags and containers for the different types of waste removal.

The designated infection control nurse said they had received training to undertake this role. In addition other staff in the practice had attended infection control and relevant health and safety updates from internal and external training providers.

Evidence of up to date infection control audits was available for example instrument decontamination, general infection control audits.

### **Our judgement**

Overall the provider was meeting this outcome. We found the provider had systems in place to ensure the practice was clean and people were protected from the risk of infection.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people who used the service about this outcome. The registered manager had overall responsibility for appraisal and supervision of staff ensuring people who used the service benefit from trained and competent staff.

##### Other evidence

Evidence of annual staff appraisals were seen setting out objectives and identifying training needs. Further discussion with staff took place and it was found that there was no evidence of an ongoing formal supervision process in place. But the practice manager said she met with staff often to discuss training needs and general performance. The practice manager said a formal system of supervision was going to be implemented.

We were told that staff were trained in dealing with medical emergencies and saw evidence of staff certificates. On looking round the practice we saw that there was emergency equipment available including oxygen, airways and emergency drugs.

We were told that staff had annual emergency scenario training sessions in an actual surgery using a 'resus annie' ( a training mannequin used for teaching cardiopulmonary resuscitation (CPR) ). Staff were individually issued with a certificate.

Certificates were in place for staff who had completed training courses.

The practice manager said all qualified staff attended and complete training in line with PCT (Primary Care Trust) guidance of 50 hours over 3 years to maintain their

registration with the General Dental Council.

Quarterly meetings were held and attended by dentists and staff within the practice to discuss legislation, training and other business relating to the everyday running of the practice.

Nurses attend a quarterly meeting to discuss legislation updates for example HTM 01-05 ( Cleanliness and infection Control) ensuring people visiting the practice were in a clean environment safe from the risk of infection.

**Our judgement**

Overall the provider was meeting this outcome. People receive a service from trained and competent staff

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people who used the service about this outcome.

##### Other evidence

Policies and procedures were in place for the protection and safe keeping of personal and other records to protect the person using the service. The staff handbook included information that staff had to adhere to including confidentiality and Data Protection. Staff said they had to adhere to GDC (General Dental Council) guidance on confidentiality.

The service had clear procedures that were followed in practice, monitored and reviewed. For example while the person was still in the surgery the dentist updated their individual record following treatment.

There were two types of records within the practice examples seen included paper records - medical histories, consent to treatment form, staff personnel records, quality assurance reports and audits, minutes of meetings, invoices and health and safety maintenance records.

Electronic records were password protected. Each member of staff had access only to their role and department within the practice they worked.



On looking round the practice we saw that records were maintained securely within a locked facility in a locked room. A contract is in place with a service provider for archiving of records.

**Our judgement**

Overall the provider was meeting this outcome and was ensuring that people could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remain confidential.

# 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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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA