

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

## Sharing Smiles Orthodontics

1st Floor, 54 Alma Street, Luton, LU1 2PL

Tel: 01582877108

Date of Inspection: 11 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Sharing Smiles Orthodontic Limited
Registered Manager	Mrs. Sherie Sayer
Overview of the service	Sharing Smiles Orthodontics provides a specialist orthodontic service predominantly to children via the National Health Service.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2013, 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.

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### What people told us and what we found

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When we inspected Sharing Smiles Orthodontics on 11 April 2013, we spoke with four young people who received treatment that day and their parents. They all told us they found the staff helpful, and said their treatment options were explained to them so they could make informed choices. People told us they were satisfied with the service they received.

The parent of one person told us, "They are very informative and helpful, they recognise --- is nervous and they're calming." A second person said, "I've never had any problems here, they always explain everything."

All areas of the surgery were clean and tidy and there were robust infection control processes in place to ensure treatment was delivered safely.

We found that the provider's recruitment systems ensured staff were appropriately experienced and skilled to deliver advice, treatment and support safely and efficiently.

People told us that they would be confident to discuss any concerns they had with the provider if it was necessary.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected, and peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them, were encouraged to express their views, and were involved in making decisions about their care and treatment.

During our inspection of Sharing Smiles Orthodontics, we observed that people were treated in a polite and respectful way. Everyone we spoke with told us that the Orthodontist discussed and explained treatment options with them, so that they could make informed decisions about how they would like the treatment to progress.

We saw that the dentist made good use of clinical photographs to demonstrate how improvements had been achieved and to enable people to make decisions on future care.

Information regarding any delays in the surgery running time were displayed in reception, and we noted that the practice had considered how they could meet the diverse needs of the local community. Information was readily available in various languages, and people could also access to translators if this was required.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the electronic records for five people who had received treatment at this surgery. These showed that the dentist had explained treatment options to people, and the progress of any treatment given was clearly documented in writing.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. The computerised patient records we reviewed also included details of any dental and general health advice provided to people. People we spoke with were well informed about their treatment, and in one case the rationale for delaying treatment. They told us they completed a detailed medical questionnaire when they first visited this practice, and this information was updated at regular consultations following this.

We observed that equipment and medication kept by the surgery for use in an emergency, was securely stored and easily accessible. Records showed that regular checks were carried out to ensure medicines did not go beyond their expiry date. We were provided with evidence that staff who worked in the practice had received the required annual basic life support training, and the names of designated first aiders were displayed in the staffing area of the surgery. This showed there were arrangements in place to deal with foreseeable emergencies.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment, and were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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When we inspected Sharing Smiles Orthodontics, we saw that all areas including clinical, non-clinical and storage, were clean and tidy. There were effective systems in place to reduce the risk and spread of infection.

We visited both of the treatment rooms at the surgery, although only one was in use at the time. Staff described the clean and dirty areas in the room to us, and how they maintained cleanliness between patients. We noted that there was appropriate facilities for washing instruments in both treatment rooms, and we found the instruments were bagged and dated following sterilisation.

There was a separate room where the sterilisation process took place, and a member of staff demonstrated the process they followed for managing decontamination and sterilisation. This included the use of the autoclave which was located in this room. Records showed that regular audits were carried out as part of a robust infection control policy of the practice.

We saw that clinical waste, including sharps, was appropriately handled and disposed of, and records were kept in this regard.



## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We found there were effective recruitment and selection processes in place. As part of this inspection we looked at the recruitment records for four staff who worked for Sharing Smiles Orthodontics. We found that documentation provided a clear audit trail and showed that thorough recruitment processes were followed prior to staff appointments being offered.

Appropriate checks were undertaken before staff began work. Documents such as staff references, Enhanced Criminal Record Bureau (CRB) checks and where appropriate, proof of professional registration, were present for each member of staff. There was information recorded about individual staff skills and previous work experiences, which demonstrated they would be suitable for their role in this practice.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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The provider had a complaints policy in place. This clearly outlined the process people should follow if they had any concerns or wished to make a formal complaint to the provider. This also included contact details of the Primary Care Trust (PCT) and General Dental Council (GDC), that people could contact if they were not satisfied with the way their complaint had been managed. A copy of this information was displayed in the reception area of the surgery so that people were made aware of the complaints system.

We reviewed two complaints that had been received by the provider in the past year. We found action had been taken to acknowledge peoples' complaints within 24 hours of receipt. Investigations into complaints were recorded, and people were advised of the outcome of their concerns in line with the time frames identified in the policy.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We noted a comments book and suggestion box was situated on the reception desk so that it was easily accessible to anyone coming into the surgery. The provider also kept a book of testimonials. We also looked at this book which contained correspondence from numerous people reflecting their gratitude and satisfaction with the service over the past few months.

During this inspection we spoke with four young people who received treatment at Sharing Smiles Orthodontics, and their parents. No one had anything negative to say about their treatment, however the provider might find it useful to note that people said the waiting times were sometimes excessive.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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