

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

Sunlight Orthodontics

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CH62 4RD

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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. Joseph Dwyer
Overview of the service	Sunlight Orthodontics provides provides an orthodontic service to adults and young people under 18 years of age. The practice was refurbished in 2011 and offers a pleasant modern environment. All treatment facilities are on the ground floor with disabled facilities available.
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

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 unannounced 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 3 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used the service and one relative. They were very happy with the service provided. People told us the dentist always explained what they were doing, what the treatment options were including risks and benefits and the costs involved. They said "treatment has always been explained in great detail" and the dentist "explains everything".

We checked four people's dental records and found evidence of appropriate dental examinations, assessments, treatment planning and advice. All records were up to date.

We looked at infection control and decontamination policies and procedures and saw that the relevant guidance for the cleaning of dental instruments was followed. Contracts were in place and up to date for clinical waste, maintenance of sterilisation equipment and x-ray equipment.

We reviewed staff records and saw the provider had undertaken appropriate checks in the employment of staff. Staff were appropriately qualified and registered with the General Dental Council (the organisation that regulates dental professionals in the UK).

Staff had had received annual training in cardiopulmonary resuscitation (CPR) and the practice was well equipped to deal with medical emergencies.

A simple, easy to read complaints policy advised people how to make a complaint either as an NHS or private patient. People we spoke with said they had no complaints or concerns. They said "staff were "welcoming" and made them "feel at ease".

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 delivered in relation to their care.

Reasons for our judgement

The practice offered orthodontic treatments. An orthodontist is a specialist dentist who prevents and treats mouth, teeth, and jaw problems using orthodontic appliances such as braces, retainers, and other dental devices.

Patients at the practice were referred by their own dentist for orthodontic treatment unless they were a private patient. Private patients could refer themselves for treatment without needing a referral from their own dentist.

During our visit, we spoke with two people who were patients and one relative of a patient. The people and relative we talked to spoke highly of the service.

People told us the dentist always explained what they were doing, what the treatment options were including risks and benefits and the costs involved. They said "treatment has always been explained in great detail" and that the dentist "explains everything".

We looked at the computerised patient records. Records showed that people's medical history was checked at regular intervals. We saw evidence in the records of discussions regarding oral health, treatment choices and planning and the risks with and with not having treatment. This meant that people who used the service were able to express their views and be involved in making informed decisions about their dental care and treatment.

The practice had been refurbished in 2011 and offered a modern, pleasant environment. The reception/waiting room was warm and inviting with a child friendly section for small children containing a range of books and toys.

There was a range of information readily available in the reception/waiting room and on the practice website. This included information on the practice, NHS and private treatments, good oral health and the types of orthodontic appliances available such as

fixed or removable braces. A statement on the practice's commitment to providing a quality service and a statement on complaints was displayed for patients to refer to, with copies of the full complaints policy available at the reception desk on request.

People we spoke with confirmed they had received written information on the practice and the treatment available at their first appointment. This meant that people who used the service were provided with appropriate information to enable them to understand the care, treatment and choices available to them

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 we spoke with were very happy with the care and treatment provided. When asked what they thought of the service, people told us "it's brilliant" and "I'm really satisfied".

We checked the paper and computerised dental records of four patients. We found evidence of completed records in respect of dental examinations, assessments, treatment planning and advice. We saw that medical history information was clearly documented. People we spoke with confirmed that the dentist always talked to them about their dental health, gave advice on the best treatment options available and routinely checked their medical health information.

We saw that the practice and its staff were well prepared for an emergency situation. There was a clear medical emergency procedure in place with an emergency drugs kit including oxygen stored in the x-ray room on the ground floor. The emergency drug kit was well stocked and was easily accessible to staff in the event of an emergency. We checked a sample of the expiry dates listed on the emergency drugs and found all drugs were in date. Staff training records showed that all staff had received training in cardiopulmonary resuscitation (CPR) and emergency procedures annually.

Computerised X-ray equipment was available in the x-ray room. There was a named radiological lead for the practice; this was the provider (orthodontic dentist) and we saw evidence that dental staff taking x-rays were appropriately trained.

We noted that the local rules for radiation protection containing equipment malfunction contingency plans were displayed appropriately. The practice employed an externally accredited company for radiological advice and support and a quarterly radiograph audit was undertaken by the provider to ensure the quality of the x-rays taken was of an appropriate standard. This meant that there were appropriate safeguards in place to ensure the safe use, recording and storage of x-ray equipment

A plaque displayed in the practice showed people that the practice was a member of the British Dental Association Good Practice Scheme.

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 guidelines had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with said that the practice was always clean. They told us staff always wore protective equipment such as eye wear and gloves and they saw staff washing their hands prior to delivering treatment.

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination and infection control.

The practice completed quarterly audits against the HTM 01-05 essential standards and had scored consistently well over a 12 month period (2012-2013). We also saw that the practice had been externally audited by the NHS Infection Control Team in December 2012 and had achieved an excellent audit score of 99%.

The practice facilities were clean, modern and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in each of the treatment rooms and the appropriate hand washing procedure displayed over the sinks. This meant there were effective systems in place to maintain appropriate standards of cleanliness and hygiene. We spoke to two staff about hand hygiene and needle stick injuries. Both staff knew the correct procedure to follow.

It is essential that staff wear personal protective equipment (PPE) when working in the surgery or carrying out decontamination procedures. We noted the dentist and dental staff were wearing an appropriate uniform and saw evidence of appropriate protective equipment in place within each treatment room such as gloves, disposable seat and handle covers, hand gels and aprons. This meant that appropriate safeguards were in place to prevent the spread of infection.

There were appropriate infection control and decontamination policy and procedures in place and a nominated dental nurse who led on and took responsibility for the decontamination process and infection control at the surgery. We were shown and talked through how the dental tools were sterilised in the decontamination room by one of the

dental staff. We noted that the correct procedure was followed.

We saw there were routine in-house checks in place to ensure that sterilisation equipment was in proper working order. A contract for the external maintenance of the sterilisation equipment was in place and there was evidence of regular maintenance checks being undertaken by a qualified engineer. Waste contracts were seen for clinical and domestic waste.

The provider and dental staff undertook regular training and updates in infection control and decontamination as part of their continuing professional development (CPD). This meant that the surgery and its staff kept up to date with any new practices in decontamination and the effective operation of systems designed to prevent and control the spread of infection.

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

The practice was owned by the provider, the orthodontic dentist in day to day control of the practice. The provider employed four dental staff and one part time receptionist. One of the four dental staff also acted as the practice manager.

The practice manager told us that the majority of staff had transferred over from an existing employer when the previous dentist had sold the practice to the current provider. This meant the majority of staff had not been subject to a formal recruitment process by the current provider. Only two new members of staff had been recruited since the new practice had been opened.

The provider had a clear recruitment policy and procedure in place. We reviewed the staff records relating to the employment of three members of staff. One set of records we looked at related to the recent employment of a new member of staff. The records showed that the provider had undertaken an appropriate recruitment process in accordance with the recruitment policy.

In all the staff files we looked at we saw evidence of a contract of employment, job description, enhanced criminal records bureau check and photographic proof of the staff member's identity. Staff records also showed staff were fully qualified in dentistry or dental nursing and were appropriately registered with the General Dental Council (the organisation that regulates dental professionals in the UK).

We saw staff records contained the immunisation record for each staff member. We reviewed the staff immunisation records for the three staff members whose employment records we had looked at. We found that all staff members had been appropriately vaccinated against infectious diseases such as Hepatitis B and Tetanus.

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.

Reasons for our judgement

The people and relative we spoke with said they had no complaints but they would feel comfortable talking to the staff if they had any concerns. The practice manager told us that no complaints had been received by the practice since it opened.

The practice manager told us that people who wanted to make a complaint were given a copy of the provider's internal complaints policy. There are different complaints procedures for NHS and private patients to follow if they are not satisfied with the outcome of the provider's internal complaints process. We noted that the provider had two separate policies in place which clearly set out how to make a complaint as either a NHS or private patient. We reviewed both policies.

Policies were simple, concise and gave contact details for who people should contact in the event of a complaint. The policy set out the timescales and process to be followed in responding to complaints and gave details of who to contact if the person was not satisfied with the provider's internal complaints process. For example, the Parliamentary Health Ombudsman for NHS patients and the Dental Complaints Service for private patients.

A summary of the complaints process was included in the practice leaflet given to patients and displayed on the reception desk. Copies of the full complaint policy were kept behind the reception desk. Staff we spoke with said that if people enquired about making a complaint at reception they were given a full copy of the policy.

People's views and opinions on the quality of the service provided by the practice had recently been surveyed. 100 satisfaction questionnaires were completed by patients. We reviewed the results of the survey and saw that 100% of people either agreed or strongly agreed that treatment was explained in a way they understood and 100% felt they were treated with compassion and respect. People we spoke with said staff were always "welcoming" and made them "feel at ease".

A patient suggestion box was also located in the waiting area with suggestion slips available for people to leave any comments and suggestions and enabled people to provide anonymous feedback if they wished.

This showed us that the provider has an effective system in place for identifying, receiving,

handling and responding to complaints, comments and compliments made by people visiting and receiving treatment at 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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