

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

Colchester Orthodontic Centre

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mr. Gareth Davies
Overview of the service	The centre provides an orthodontic service to people referred by other dentists in the area of Colchester, usually through a central referral office for people funded on the NHS. People are also treated who pay privately.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical 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 7 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We found that dental care was provided according to people's assessed needs and people were informed of their treatment choices. We saw that the waiting area was welcoming and had a range of information about dental care and oral hygiene. There were private areas for people to have discussions with clinical staff about their care.

We spoke with staff who told us about the quality checking and safety measures at the service to ensure a high quality and safe service. We saw that the service had effective audit systems to monitor safety, cleanliness and infection control.

We spoke with three people to find out what it was like attending the service. People told us they were happy with the service. One person told us that, "Everything was fully explained from the beginning so we knew the course of treatment and the length of time the brace would be in for."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people who had used the service. People said that the dental nurses and dentist always explained the treatment so they understood the options of treatment from the beginning and options being offered. Staff showed us the consultation rooms where people had discussions at the first visit to discuss the plan of treatment. People told us they had signed their consent to treatment by the orthodontist. We saw on electronic records that options were clearly described on people's treatment plan and that people had signed to show they understood and agreed to treatment. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We examined six people's dental notes on the electronic record system in the service. We saw that a detailed assessment of people's dental treatment needs was recorded and this included their medical history. The records on the computer held clear information about previous appointments and medical history alerts were in place where required. The assessment information including x-rays and photographs were used to develop plans for the orthodontic work which were explained to people. We saw that the treatment plan was in stages and the progress through the treatment was recorded accurately on the computer system. We spoke with three people who had used the service. One person who had almost completed a course of treatment told us they were "Very satisfied with the service overall, it had been possible to get emergency appointments quickly enough when needed." The person also told us that at the beginning their treatment was discussed in full in private with them so they knew what to expect. This meant that people were treated according to their needs and made informed choices.

We saw that the assessment of needs and the treatment plan were updated at each appointment. Staff told us that this included updating medical history and advice and care for oral hygiene. The dentist and staff were alerted by the computer system before treatment if a person had an allergy, a relevant medical condition, or was taking medication that could affect treatment. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. We saw that appropriate equipment such as oxygen and medication had been checked and was easily accessible for staff to support people if an emergency occurred. We saw that all staff had attended recent training to manage medical emergencies.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We saw that there were up to date policies and procedures relating to infection prevention and control. Staff showed us how they prepared clinical areas prior to commencing a session of treatments and more intensive cleaning at the end of each clinic. Staff told us that work surfaces and equipment were wiped clean after each person was treated. This meant that there were appropriate cleaning arrangements for clinical areas.

Staff showed us the decontamination area and the procedures for the effective cleaning and sterilisation of equipment and instruments. We saw that used instruments were safely transferred in a sealed box from the surgery to the decontamination area. The decontamination room had clearly marked dirty and clean work areas. Instruments were soaked in sterilising fluid, rinsed and inspected before being placed in the autoclave (a device used to sterilise instruments). Clean instruments were sealed in bags, dated and returned to clinical areas. There were systems to ensure that the autoclave reached a high enough temperature during each operation to ensure the destruction of bacteria. This meant that procedures were followed that met with expected standards for decontamination and sterilisation of dental instruments.

We saw that staff used appropriate personal protection such as gloves and aprons throughout their work. We found that clinical waste was stored and disposed of safely. We saw that staff followed appropriate routines to clean and check water lines on dental chairs. The provider had completed an appropriate risk assessment for the contamination of water systems by Legionella bacteria and made regular checks on temperature to maintain safety. This meant that there were effective systems in place to reduce the risk and spread of infection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the service undertook regular surveys of people or their relatives to ask their views about the quality of the service. We examined eight returned surveys from people who used the service. We saw that there were positive views from all respondents about enquiries being dealt with promptly, staff being welcoming, people being seen at their appointment time and cleanliness. People had made written comments that staff were friendly and confident, and they had received an effective service. We saw that the service fully investigated any complaints received. This meant that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

The service had an established routine for cleaning and checking the quality of equipment and processes. The quality of x-ray images was audited to check exposure and position of the teeth in the image. X-ray machines were maintained and checked appropriately and a record of any repeat films was made to ensure that people did not have any unnecessary exposure to x-rays. Water supply tubes in surgery rooms were flushed and appropriately treated water was used. The service had audit routines in place to check that all cleaning, equipment safety and quality checks had been completed. We saw that staff had completed a detailed infection control audit and as a result had made improvements to some equipment storage arrangements. This meant that the provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used 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 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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