

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

Teethinline - Milton Keynes

2 Duckworth Court, Oldbrook, Milton Keynes,
MK6 2RX

Tel: 08443838262

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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
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Dr. Richard Tobin
Overview of the service	Teethinline - Milton Keynes utilise the services of three orthodontists and one orthodontic therapist who offer a range of orthodontic services. The practice accepts patients both on referral from other dentists and patients that refer themselves.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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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 20 November 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.

What people told us and what we found

We spoke with the parent of one patient who was undergoing treatment and they told us that they attended an initial consultation and then an assessment with the dentist. They told us that following the assessment they sat with the dentist and discussed the treatment. They felt the dentist gave them the knowledge to make their own decision around treatment and they were pleased. They explained that the treatment plan provided by the dentist was comprehensive and that they fully understood the treatment, cost and time it would take for completion. The parent also told us that it took a long time to get the stage where the brace would be fitted which was nearly 18 months.

We found the provider obtained people's consent appropriately and that care and treatment was planned and delivered effectively. We found that the provider co-operated with other service providers where required and completed suitable checks on new staff. We also found that the provider had a suitable complaints procedure in place.

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

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with one patient during our inspection and they told us that the dentist explained to them their treatment before it started and that they had to sign a consent form to agree to the treatment that had been planned.

We observed one patient's treatment with their consent and found that the dentist spoke with the patient before consultation and asked if they consented to examination. We also found that the dentist continued to ask for consent during the consultation. This meant they could be assured that the patient continued to consent to treatment.

We looked at patient records and found that consent forms were signed before treatment was carried out by the patient and the dentist. The consent forms were detailed in relation to the problems with the patient's teeth and the treatment that was going to be taken to correct the problem. .

We asked to see the practice consent policy and were told that there was not one in place. The practice manager told us that staff knew that consent was required and that it was to be signed where appropriate. The practice manager told us that they understood the value of a consent policy and would introduce one immediately. The provider may find it useful to note that without a policy staff would not have information available to identify who is able to give consent and when it should be obtained.

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 patient safety and welfare.

Reasons for our judgement

We looked at the premises and found that there was a parking area to the front of the practice for patients to use. We looked at access to the practice and found that those with mobility difficulties were considered in the layout of the practice. We saw that the practice was located above another premises, however there was a stair lift to assist people with the stairs. The practice also had a large disabled toilet and that all signs and notices were at a low level. We saw that the corridors were wide and there was sufficient room within the treatment rooms for wheelchair access and to allow another any other person to sit in during the consultation.

We looked at the practice waiting room and found that it was clean and modern. We found that a large television displayed information on treatment that was available at the practice and that other useful information was available for people to read.

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. The practice manager explained that dental nurses who were trained as treatment coordinators would speak with new patients and establish what their problems were with their teeth and what they would like to achieve. We saw evidence of consultations being conducted and found that they were thorough and fully established what the patient wanted from the treatment.

We also observed a dental nurse demonstrating to one patient how to brush their teeth around a brace effectively. This meant staff were helping patients maintain good oral hygiene.

The practice manager and dentist told us about the assessment conducted by the dentist prior to treatment commencing. The dentist explained that they would receive a full handover from the treatment coordinator prior to the assessment. The dentist then told us that they would conduct a full oral assessment and establish if the patient was fit dentally. Once this was completed they would discuss different treatment options and any associated costs.

We spoke with the parent of one patient who was undergoing treatment and they told us that they attended an initial consultation and then an assessment with the dentist. They

told us that following the assessment they sat with the dentist and discussed the treatment. They felt the dentist gave them the knowledge to make their own decision around treatment and they were pleased. They explained that the treatment plan provided by the dentist was comprehensive and that they fully understood the treatment, cost and time it would take for completion. The parent also told us that it took a long time to get the stage where the brace would be fitted which was nearly 18 months. The provider told us that the waiting time was correct however they tried to prioritise on need and would offer a referral to another practice if it would assist in quicker treatment.

The patient also told us that staff at the practice were very professional and kind. They told us that if they had any problems with their brace the dentist was able to book them in quickly to see them and they had not had any real problems. We observed one patient's appointment with their consent and found that the dentist conducted an assessment of the patient's needs and explained what they were doing throughout the consultation. The dentist explained what treatment the patient was going to have and how long it would take. The dentist also explained what the patient should and shouldn't eat whilst they had a brace. This meant the patient was aware of the limitations of their diet to ensure their teeth remained healthy.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patients health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patient health and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. We spoke with the practice treatment co-ordinator about referrals to the practice and they told us that patients were either referred by other dental practices or patients referred themselves to the practice. They told us that when patients referred themselves to the practice they were asked to provide details of their dental practice so that the provider could contact them and notify them of the orthodontic treatment and the need for regular cleaning and hygiene appointments at the practice they were registered with. The practice manager also told us that they notified other practices when treatment was complete and referred patients to the local hospital for complex treatment.

We looked at patient's records and found that referral letters that had been received at the practice were stored within patient files; we also saw evidence of the provider sending letters out to other practices for treatment that was not orthodontic related. This meant the provider worked with other services to ensure patients maintained good oral health.

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

Appropriate checks were undertaken before staff began work. We looked at staff files and found that staff had undergone checks with the Criminal Records Bureau (CRB) or its replacement the Disclosure and Barring Service (DBS). We found that staff files had proof of identity contained within them and that staff were current in their professional registration with the General Dental Council (GDC).

We looked at a new member of staff's file and found that the provider had requested employment history information and references. This meant the provider could be assured that staff were of sound character and suitably skilled for the role in which they were appointed. We also saw evidence of staff being asked competency questions during interview and the provider told us that new staff had been offered a trial day before being offered employment at the practice, whereby they were able to see if they liked the practice and the way it worked. This meant the provider was able to find the most suitable member of staff.

Complaints

✓ Met this standard

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

Patients were made aware of the complaints system. We looked at the practice complaints policy and found that it explained who people should make complaints to at the practice. The policy explained how the provider would respond to patient complaints and how long it would take to provide the complainant with an outcome after the provider's investigation. The policy also provided patients with the names and contact details of other agencies patients could refer their complaint to if they were not satisfied with the provider's response. We found that the policy was displayed in the practice information booklet which was situated in the reception for patients to see.

We looked at complaints the practice had received and found that they were responded to as defined in the policy. We saw that the provider investigated complaints and gave the complainant informed responses, which were to patients satisfaction.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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