

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

Select Orthodontics - Middlesbrough

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Nigel Fox
Overview of the service	Select Orthodontics is located in Middlesbrough and is a specialist orthodontic practice offering care mainly to children under 18. The practice is accessible with wheelchair access and surgeries on the ground floor. The practice is a NHS dental practice that also offers private work.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 16 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

This Select Orthodontic practice was located within the Select Dental Care practice and therefore has shared arrangements and facilities around some of the things we looked at; this is reflected in the similarity of the reports.

When we looked at how the people who were using the service were supported to express their views and be involved in making decisions about their care and treatment we found detailed records and on speaking to them they told us they were "Very happy with the way this was done". There were detailed treatment plans and patient records which included the options discussed and the reasons for the selection of the treatment delivered.

People were protected from the risk of infection because appropriate guidance had been followed for example a well organised and well managed decontamination room. Staff we spoke with understood how to follow best practice guidance for reducing the risk of cross infection.

People were cared for, or supported by, suitably qualified, skilled and experienced staff who received regular training and support to enable them to deliver their job roles safely and effectively.

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.

The practice dealt with people in a professional and respectful way. Patient views and individual circumstances were taken into account when decisions were made about the treatment they could have.

Reasons for our judgement

The practice's own consent form was very detailed and the registered manager explained a large part of the treatment was explaining to patients the need to maintain good oral health and having the commitment to continuing their treatment. This was documented in the consent form to be signed by patients or their parent or guardian. As the practice catered for mainly school age children, clinicians and nursing staff were focussed on explaining the purpose of braces and other orthodontic treatment to achieve the best possible outcomes. This was done with the orthodontist, nurse or therapist with clear visual diagrams of orthodontic treatment, British Orthodontic Society leaflets and the practice website also explained treatment and gave ongoing support for patients.

There was a complaints procedure displayed and the outcomes of a previous questionnaire carried out on patient views in the waiting room. One patient told us; "They are very efficient and are happy to answer any questions. The appointments have also been very accommodating.

We saw evidence of treatment plans and costings given to patients. Consent to treatment records were signed by the patients and these were scanned and held electronically. We were told patients' medical histories were updated on a regular basis. The registered manager explained people were kept informed of waiting times for their treatment to commence following an initial assessment of their orthodontic treatment needs under the National Health Service (NHS). Reception staff also told us they were kept up to date on waiting times for treatment from the commissioning service and passed this on to prospective patients so people knew how long they would have to wait.

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

Our judgement

The provider was meeting this standard.

The practice ensured that each patient was protected against the risks of receiving inappropriate care or treatment.

Reasons for our judgement

We saw staff at the practice were very polite and friendly with patients. We were told reception staff sent text reminders or a courtesy telephone call to remind people of their next appointment. The registered manager Mr Fox showed us that leaflets and information from the British Orthodontic Society was available. One patient explained they had sought treatment privately for cosmetic reasons and their treatment options were explained clearly. They also said; "I have had a fabulous service".

The practice maintained electronic records for all patients which were password protected and backed up using the provider's server. All records were held electronically. Basic treatments recorded patient oral health, soft and hard tissue examinations, charting teeth and any diagnosis and X-ray or treatment outcomes. The records were securely stored and contained contact details, written consent to treatment and all notes of treatment and care provided by the dental team. We were told any information from referrals made to other services were scanned so updated information was available on patient records. One parent of a patient also told us; "We were copied in to the letter that was sent from the practice to the hospital, that was good as it meant we knew it has happened".

The surgery had arrangements in place to deal with foreseeable emergencies. The staff had received training in Cardiopulmonary Resuscitation and there was an on-going plan to make sure this training was kept up to date. There was emergency equipment and drugs easily accessible in an emergency pack which was checked regularly and kept in date.

The practice also reviewed the medical information patients provided on a yearly basis and verbally before each treatment.

The practice had one orthodontic therapist who were registered with the General Dental Council and worked to support the two orthodontic dentists at the practice whilst under their direct supervision.

The staff on reception said they were trained to deal with and acknowledge any concerns and complaints and would refer them immediately to one of the practice partners or Mr Fox, the orthodontist. One of the partners at the practice also confirmed how she would

acknowledge and deal with any complaints or concerns from patients using a clear recording system.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The registered manager, practice partner, nurses and receptionists we spoke with were polite, friendly and helpful and had a positive approach to our visit. The general atmosphere was welcoming and relaxed.

There was evidence of staff having knowledge and understanding of the safeguarding policy; we spoke with staff who confirmed how they would report any concerns.

The practice policy made reference to children and safeguarding vulnerable adults. The practice partner showed us all clinical staff had received Level 2 safeguarding training and reception staff had received Level 1 training. The practice partner also said that child and vulnerable adult protection was discussed regularly at staff meetings and we saw records to verify this.

We were also shown contact details that were to hand to contact the relevant safeguarding authorities if staff had any concerns. The practice used the local Safeguarding Children procedures and this was located in a hard copy behind the reception desk and on the practices computers so it was available at all times.

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

Our judgement

The provider was meeting this standard.

Patients who used the service were protected by effective arrangements for the prevention and control of risks from infection.

Reasons for our judgement

There was a dedicated sterilisation room, which was well organised and clean. Staff confirmed that only clinical staff entered the room. There was dedicated hand washing facilities in the room, correct soaps and hand drying facilities and personal protective equipment.

There were effective systems in place to ensure that clean (or single use) and used (dirty) dental instruments and equipment were kept separate. There were separate sinks available for the cleaning and rinsing of dental instruments. We were shown the equipment by the dental nurse who showed us how the process was followed including how used instruments were manually cleaned and rinsed and then checked for debris. The illuminated magnifying glass was in place during the visit. We were told that staff used aprons and disposable gloves when cleaning the instruments. They also used protective eye wear to prevent splashes of infectious bodily fluids or dental chemical solutions coming into contact with their eyes while cleaning and rinsing the used instruments. The equipment was available to the staff on the day.

The dental nurse told us after the instruments and equipment had been sterilised in the autoclave, they were dated to make sure that they were not used after the date when they were safe to use.

We saw that autoclave cycle records were in place. These records were important for infection control. They showed that each autoclave sterilisation cycle was monitored as it was taking place and that all factors to achieve sterilisation were met. The practice partner also explained they had organised an external audit from a specialist company to review their infection control policy and procedure to ensure they were performing to best practice guidelines.

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

Our judgement

The provider was meeting this standard.

There were staffing arrangements in place to meet patient needs.

Reasons for our judgement

We spoke with the dental nurses and the registered manager who told us about how the practice supported staff through training and supervision to make sure they were working to the best clinical guidelines for their professions. Staff told us: "We join in all events such as staff meetings".

We were told by one of the practice partners there were regular practice meetings held every month. These meetings were used to keep everyone informed of best practice, arranging training and peer group support. We saw practice meeting minutes were kept. Reception staff told us they were involved in these meetings as well.

We saw copies of staff appraisal records that showed staff had six monthly meetings with their manager to discuss their role and progress.

One of the dental nurses told us she had recently completed training in cardiopulmonary resuscitation (CPR), and safeguarding. Records showed all staff had been trained in CPR by the Cleveland Ambulance Service this year.

The practice partner also told us she checked clinical staff had renewed their General Dental Council registration every year as well checking individual indemnity cover where relevant and other relevant qualifications.

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.

Patients who used the practice benefited from an effectively managed service which took its responsibilities for the safety of patients and staff and the monitoring of quality seriously.

Reasons for our judgement

We found the practice used a variety of methods for checking the quality of the service provision.

We were told risk assessments were completed and the service monitored the health and safety of the practice, staff and patients using it. There were also regular practice meetings where any significant events were discussed.

The practice partner explained that regular audits were carried out on the quality of x-rays taken. Reception staff told us they did a monthly check on recall appointments to ensure people were contacted about their forthcoming appointments in their preferred manner.

We were told the practice had a complaints procedure that patients could easily access and use this if they wished and staff told us how they would acknowledge and report any complaint. The practice partner explained the process for dealing with complaints within a specific timescale and recording the outcome.

We saw the feedback from patients was used to develop areas for improvement which showed the practice listened and used patient views to improve its service. For example, the practice found through feedback that the chairs in the reception area were uncomfortable to these were changed.

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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