

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

Smile Orthodontics Norwich

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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
Records	✓ Met this standard

Details about this location

Registered Provider	Smile Orthodontics LLP
Registered Manager	Dr. Haren Bhikhubhai Patel
Overview of the service	Smile Orthodontics Norwich provides NHS and private orthodontic treatment and care to children and adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening 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 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 29 July 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 registered manager, the practice co-ordinator and three members of staff. We also spoke with three patients and their relatives and looked at hard copy and computerised records. We observed, with the permission of the patient and their parents, a new patient consultation. People we spoke with told us that they were given enough information to make an informed decision. One parent said that staff were, "? very professional and friendly. It's a nice balance."

We saw four sets of computerised records. We saw that each record contained an assessment of the patient's progress and confirmation that their medical history had been checked at each appointment. We also saw that each record contained photographs of the patient taken before treatment started. Records of completed treatments also included photographs to show the effect of the treatment. People commented on the friendliness of staff. One patient said "I enjoy coming here."

The practice had a separate decontamination room. We watched a dental nurse carrying out the sterilisation process according to the practice policy, ensuring that instruments were sterilised after use.

We reviewed the practice's recruitment and selection policy and this established a clear policy for the recruitment of staff. This ensured that staff were appropriately qualified and able to undertake their roles. We saw that the records relevant to the management of the services were accurate and fit for purpose.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

We saw the practice's general information leaflet, which was given to each new patient when they registered. This provided information on staff, opening hours, emergency contact numbers and other aspects of the practice. We also examined some of the specialist information leaflets which the practice produced. These gave information on specific orthodontic appliances. For example, we read leaflets about twin-blocks, fixed braces and retainers. These leaflets gave advice about how the appliances worked, how long they may need to be worn, how to care for them and how to maintain good oral health while using them.

We looked at hard copy records of eight patients, both NHS and private. Each record included treatment plans, signed by the patient or by their parent or guardian as appropriate. The records for private patients included detailed and itemised lists of the costs of treatment in addition to a treatment plan.

With the permission of the patient and their parents we observed a new patient consultation undertaken by one of the orthodontists. The parents were in the treatment room throughout the consultation. We noted that the orthodontist communicated with the family in a friendly and professional manner, giving clear explanations of the patient's needs and of the treatment options. The orthodontist used models to show the patient how the appliance would be fitted and gave an estimate of how long treatment would take. The orthodontist gave the family information to take away and stressed that they did not have to make a decision about treatment immediately. The family members, including the patient, were given the opportunity to ask questions. This showed that the provider supported people to make decisions about their treatment and care.

People we spoke with told us that they were treated with respect by practice staff and were given enough information to make an informed decision. One patient told us that they

received updated information at the start of each phase of their treatment, when new appliances were fitted. One parent said that staff were "very professional and friendly. It's a nice balance." Each of the patients told us that they were given a choice of colours for some appliances.

The practice used a "suggestion box", placed in the reception area, to seek feedback from patients and others. However, the practice co-ordinator told us that this had not proved to be effective so the practice had introduced, a few days before our inspection, a "suggestion book." This system had proved more effective at another of the provider's locations.

Staff members we spoke with told us that they aimed to reassure patients and keep them informed. One staff member said that they tried to ensure that patients and families knew "all the options" so that they could make informed choices. They also told us that the practice was happy to offer patients a second opinion on treatment options if they so wished. Another staff member emphasised that discussions about treatments and other issues were always carried out in private. This showed that the practice took steps to protect people's privacy.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The practice co-ordinator explained the practice's new patient assessment. This included an assessment of the patient's need for orthodontic treatment, undertaken by an orthodontist, and the taking of X-rays. We were told that each patient completed a medical history form at this appointment and that this history was checked at each subsequent appointment and updated as necessary.

During our observation of a new patient assessment we saw that the orthodontist undertook an examination of the patient's mouth. This included the taking of measurements to enable an accurate assessment of the required treatment. The patient also had X-rays taken. The orthodontist then explained their recommended treatment based on the assessed needs.

We saw four sets of computerised records for people at various stages of their orthodontic treatments. We saw that each record contained an assessment of the patient's progress and confirmation that their medical history had been checked at each appointment. We also saw that each record contained photographs of the patient taken before treatment started. Further photographs were present in the records of patients who had completed active treatment. This enabled the patient to see how the treatment had altered their appearance. This showed us that the practice delivered care that was aimed at meeting people's individual needs.

The practice co-ordinator told us that the practice required a parent or guardian to be present at the new patient assessment and the second appointment, the "records appointment," if the patient was under 18 years of age. The practice also required the parent or guardian to give all consents to treatment for patients aged under 18. After this, they said, the practice was happy to see patients on their own, with the parent or guardian's permission. During our inspection we noted that two member of staff were always present in the treatment room during a consultation. We also saw the practice's child protection policy, dated April 2012, and noted that all staff had received child safeguarding training within the previous year. This helped to ensure the safety and well-

being of the patients.

The practice co-ordinator showed us the first aid kit, emergency medications, emergency oxygen and defibrillator (a machine that is used to treat people in some cases of cardiac arrest). The medications and oxygen were all within their stated expiry dates. We noted that all members of staff had received training in the use of the defibrillator and in resuscitation. This showed us that there were arrangements in place to deal with foreseeable emergencies.

The practice was situated on the first floor of a two-storey building. However, there was car parking on the premises and access facilities for people with a disability including a lift. There was a large wheelchair-accessible toilet with an emergency alarm. The treatment rooms were also accessible for people who used wheelchairs. One member of staff explained that people could remain in their wheelchairs during examination and treatment if they so wished.

People we spoke with said that they were able to make appointments for times which suited them. One parent said they were always offered a choice of times and dates when making appointments. They also remarked that the practice was accommodating if they had to change appointment times, even at short notice.

Each person commented on the friendliness of staff and the way in which they made patients and family members feel relaxed. One patient said, "I enjoy coming here." Another told us that they had recommended the practice to friends. One staff member explained that the practice, "was quite accommodating?" whenever possible. We also noted numerous "Thank You" cards which patients had sent to the practice in appreciation of the treatment and care they had received.

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 guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The practice had a separate decontamination room, equipped with two sinks, a magnifier, a washer/disinfector and an autoclave (a machine used to sterilise dental instruments). We watched a dental nurse carrying out the sterilisation process. They carried the dirty instruments safely to the room in a closed container. They washed their hands and put on protective gloves, apron and face shield before cleaning and sterilising the instruments according to the practice's procedure. We noted that there was a clear 'one-way system' within the room, minimising the risk of clean instruments and dirty instruments coming into contact with each other.

We noted that the practice had a cleaning policy in place, which had been reviewed in February 2013. There was also a cleaning protocol for the practice, displayed in the staff room. Posters showing correct hand washing technique were displayed in the practice. We observed staff wearing appropriate personal protective equipment, such as gloves, when undertaking examinations or treatments. We saw that the required equipment checks had been undertaken. These included monthly protein residue tests and daily checks of the washer/disinfector and autoclave.

The practice appeared clean and in good decorative order. The people we spoke with said that they had no concerns about cleanliness in the practice. One patient told us that the premises, "always look clean." We noted that staff changed from their uniforms into their usual clothes when they left the building for any reason.

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

There were effective recruitment and selection processes in place.

We read the practice's recruitment and selection policy, which had been reviewed in April 2013. We saw that it established a clear policy for the recruitment of staff, including the process to be followed when advertising a vacant post and the procedure to be undertaken when interviewing prospective candidates. We saw that the policy required two references, a medical history questionnaire and a Disclosure and Barring Service check (DBS - formerly the Criminal Records Bureau check) for any person taking up employment with the practice.

We looked at the records of four dental professionals employed at the practice. Each record contained information regarding the person's recruitment. For example, each one contained the person's application form, their references, their medical history form and a copy of their DBS or CRB check. We were told by the practice co-ordinator that the practice reviewed the DBS check every three years. Three records included a copy of the person's General Dental Council registration. One record did not have an up-to-date registration but when we checked on the GDC website we saw that the person had recently re-registered for the year 2013-2014. This showed that the practice took steps to ensure that staff were appropriately qualified and able to undertake their roles.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose.

We looked at computerised records for four patients and hard copy records for a further nine patients. We found that the records were up-to-date and detailed the care and treatment required. One set of hard copy records we examined, for a private patient, did not contain a copy of the treatment plan or the costs of treatment. We brought this to the attention of the practice co-ordinator during our inspection. They confirmed later that they had taken steps to replace this information within the record.

X-ray images and photographs were part of the computerised records. These were password protected. Hard copy records which included referral letters, medical history forms and letters explaining treatment plans were stored in secure filing cabinets in the practice. Physical records in the form of dental moulds were stored in a secure cupboard. Older records were held in a secure archive room on the premises.

We saw a selection of other records held by the practice. These showed us that the practice took steps to protect the safety and well-being of staff, patients and visitors. For example, we saw records of the servicing of equipment such as the autoclave, the lift and the fire alarm system, all of which were up-to-date. We saw audits of the decontamination process, the practice radiography processes (X-rays) and the obtaining of consent to treatment. All of these audits had been undertaken in 2013. Action plans were in place to respond to any issues which these audits had identified. This showed us that staff records and other records relevant to the management of the service were accurate and fit for purpose.

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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