

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

Smile Orthodontics Spalding

Fen House Dental Practice, 50 Bourne Road,
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Tel: 08445769630

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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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Smile Orthodontics LLP
Registered Manager	Dr. Haren Bhikhubhai Patel
Overview of the service	Smile Orthodontics Spalding provides orthodontic dental treatments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 6 December 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

The dental treatment records seen showed us people had been involved in discussions regarding their orthodontic treatments and had given consent prior to any treatments carried out. This and the other evidence seen meant that people's privacy, dignity and independence were respected.

The dental records seen contained clear information in respect of each person's orthodontic care and treatment. This showed us care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff spoken with told us they were confident that they would recognise and know what action to take if they observed any potential abuse. This demonstrated to us that people 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.

The practice was clean and all re-usable equipment used by this practice was decontaminated in line with national guidance. This showed us people were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean and hygienic environment.

Those individual treatment records seen demonstrated orthodontic treatments were reviewed and discussed with the person who used the service. This showed us that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

This service provided specialist orthodontic care and treatments to NHS and private patients. Referrals were received from other dental surgeries within the area and each person was fully assessed prior to the commencement of treatment.

We saw information was available to people who used this service. Examples of these included a clear practice information leaflet. This included relevant contact telephone numbers if people had any concerns. Other information for people included advice on different orthodontic appliances and treatment criteria.

The premises was located on the ground floor and were accessible to people with restricted mobility. We were informed people used the specially disabled adapted toilet facilities at the adjacent dental surgery if this was required. Oral health information for people was available for example, braces care and teeth cleaning whilst wearing an appliance.

There was a suggestion box for people to use whilst visiting the surgery. Staff told us they were considering introducing a 'comments book' for people to add any suggestions about the service.

We saw there were private facilities to allow confidential discussions with people if needed. We reviewed nine individual dental care records and these showed us people had been involved in discussions regarding their orthodontic treatments and had given their informed consent prior to any treatments carried out. Consent forms had been signed by the parent or guardian where the person was aged 16 or less.

We were told patients received a reminder before their appointment to remind them of their appointments and saw feedback systems that demonstrated that people felt involved and supported by this practice. This showed us that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

We spoke with the practice co-ordinator and lead dental nurse. They explained how the practice involved people in their dental care. For example by explaining the various orthodontic appliances available and by providing advice on the specific care of these appliances.

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

This practice provided direct patient treatments two days a week and was open for five days a week in order to accept referrals and to provide patient support and guidance.

We reviewed nine dental treatment records of people who had recently received orthodontic care and treatments. We noted that the service used a mixture of computerised and paper records. The records seen contained clear information in respect of referral letters from other dentists, past medical history, known allergies, dental examination, consent and an in-depth orthodontic treatment plan that detailed discussions, options and pricings. Clear laboratory referrals were made and this ensured that people received the correct required orthodontic appliance. A medical history was taken from each person and their parent or guardian and then reviewed at each appointment.

Evidence was seen that each person or their parent or guardian had signed their treatment plan and that this had been counter-signed by the dental surgeon. This meant people's dental needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that appliance management advice including dietary advice and effective brace cleaning was provided. The records seen showed us that this was demonstrated by the dental surgeon and reinforced by the dental nurse if required. This meant people received suitable orthodontic appliance education as part of their treatment at this practice.

We had a tour of the practice and looked at the dental surgery in detail. We saw that this was large enough to enable effective orthodontic treatments and care to be provided. The surgery room was fully equipped and there were adequate storage facilities to enable equipment to be securely stored and to minimise the risks of any cross infection. For example, we saw non-touch waste bins and automatic soap dispensers were in place.

Pre –treatment screening including X-rays were carried out by the referring dental practice and we saw there was effective communication with the referring surgery. This included an update on treatment progress. Records were seen that showed us that each person had a series of photos taken including specialised 'in mouth' pictures. These demonstrated

treatment progress in an objective way.

Staff told us they attended resuscitation training each year and this was supported by those records seen. In the event of an emergency the surgery had the essential equipment in place. This included emergency drugs including adrenaline. The practice also had access to an Automated External Defibrillator (AED). This was located in the adjacent dental surgery and was easily accessed by practice staff. This showed us that the provider had planned for any foreseeable emergencies.

Staff spoken with outlined their specific roles and responsibilities within the practice. They told us that they felt well supported by the provider.

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

Our judgement

The provider was meeting this standard.

People 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

Policies and procedures were in place to ensure that people who received dental care and treatment in this service were protected from abuse and adequate safeguards were in place to promote their human rights. Examples of these included a child protection safeguarding policy dated January 2013. This included clear guidance for staff to follow if they had any concerns and was supported by the Department of Health guidance issued as 'Child protection and the dental team'. We saw that staff also had access to the required contact numbers to enable any identified concerns to be escalated to the appropriate statutory authorities.

Protocols and procedures were in place for staff to follow to ensure that everyone was chaperoned whilst receiving their orthodontic treatment. Children were accompanied by a parent or guardian whilst they received their treatment. We saw records that confirmed staff had attended mandatory safeguarding training and we were told further refresher training would be scheduled as required. The records seen showed us that each member of staff had received an enhanced Criminal Records Bureau (CRB) check

Staff spoken with had a good understanding of their responsibilities around ensuring that people were safeguarded and told us they were confident that they would recognise and know what action to take if they observed any potential abuse. They told us they had been no recent safeguarding concerns identified by the service.

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 and they were cared for in a clean and hygienic environment.

Reasons for our judgement

The practice had a dedicated decontamination room that housed the required equipment and this included a washer disinfectant and an auto-clave. We saw this room had a clear flow system in place to ensure that the risks of cross infection were minimised. This showed us that people were protected from the risk of infection because infection control guidance was followed and decontamination equipment was appropriately used.

Staff explained how the used equipment was transferred to the decontamination room and outlined their role in the sterilisation process. Surgical instruments were manually cleaned and rinsed and then examined under a task light magnifier. We noted equipment was maintained and serviced within the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests on the treatment days and there was full traceability of all the re-usable instruments. These were also regularly audited, as required under Health Technical Memorandum 01-05 (HTM 01-05). Records were seen that demonstrated that the other equipment used by this practice was being maintained in line with best practice guidelines.

The practice was clean and well maintained. The dental surgery had adequate supplies of protective clothing, and sterile equipment in place. We saw that the surgery used a 'wipe clean' silicon computer keyboard cover. This showed us that people were protected from the risk of infection because they were being cared for in a clean and hygienic environment.

We saw the surgery had a dedicated cleaner and that cleanliness risk assessments had been carried out. This showed us that people were cared for in clean and hygienic premises. We noted that systems were in place for the secure storage of clinical waste and saw evidence of a service level agreement in place for the safe collection and disposal of clinical waste. Staff reported there was a planned redecoration and refurbishment programme in place and this would be done in partnership with the adjacent dental practice.

We saw that staff wore clean uniforms and that appropriate personal protective equipment was used by both people and staff dependent upon the specific treatment being provided.

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

We saw that the provider had carried out a number of audits to enable the practice to assess and monitor the quality of services being provided. For example, prevention of cross infection and treatment records audits had taken place. Actions arising from these audits had been recorded. Staff had commenced a new infection control and prevention audit for 2013 and the provider may find it useful to note that we did not see a current audit of the treatment records.

The provider showed us evidence of positive feedback received from people regarding their orthodontic treatments and we saw examples of on-going quality monitoring carried out by the commissioners of this service. This showed us the service was effectively meeting the dental care needs of people who attended for this treatment.

We saw that all relevant staff received continuous professional development (CPD) in line with the General Dental Council's (GDC) educational criteria guidance. For example we saw examples of individual staff's CPD folders which contained examples of staff learning certificates and attendance at other training opportunities. This demonstrated to us that staff received on-going training and refresher training that was relevant to their role within the practice.

Staff confirmed that they were registered with the General Dental Council and we were informed that there was a system in place to ensure that registration was maintained within a timely manner.

The records seen showed us the provider's policies were regularly reviewed to ensure they were kept up to date and reflected current legislation and best practice. Those individual treatment and care records seen demonstrated that individual orthodontic treatments were reviewed upon each visit to the service and discussed with the person who used the service. This showed us that the provider had an effective system to assess and monitor the quality of the professional services being provided.

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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