

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

## Birchington Orthodontic Practice

7 Surrey Gardens, Birchington, CT7 9SA

Tel: 01843844600

Date of Inspection: 13 May 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mrs Riccarda Kane
Registered Manager	Mrs. Dawn Davies
Overview of the service	The Birchington Orthodontic Practice provides a range of private and NHS orthodontic (dental displacement) services to children and adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 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, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Parents of patients spoken to said that they were happy with the service provided. They thought that they had been given enough information about their treatment options and benefits. They considered that their treatment had met their child's dental needs and were very satisfied.

All of the three patients with whom we spoke gave us positive feedback about the practice. All those spoken said that the quality of care was very high and that staff had the skills and experience to meet their needs and provide a good service. We ask a range of questions about the quality of the service provided and all comments made were very positive with no concerns raised.

One parent of a patient said when asked if staff were respectful and professional. "All three of my children have been to the practice I have never had any concerns or worries and have been treated well".

They were confident there were good standards of hygiene in the practice and they thought that staff were knowledgeable about their roles. They also said there was an open atmosphere in the practice that enabled them to suggest improvements.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patients were given information regarding their treatment so they understood the choices available to them. We saw that there was a range of patient information leaflets that gave information relating to the services provided. Parents of children spoken with said that the dentist had explained to them what alternative treatments were available, the likely results of each and the costs involved. A parent said, "The dentist is very good she explains everything. She explained everything to my child in a way they could understand and involved them in the treatment."

We saw that the appointments system worked reliably so that patients did not have to wait long. A parent said "Getting appointments is very good. We were seen very quickly".

Patients were supported in promoting their independence. Records showed that patients had been helped to promote their good oral health so as to reduce any issues with regard to the fitting of braces. This included being given advice about the correct way to clean their teeth and gums.

Patients' diversity, values and human rights were respected. We saw that records which contained confidential personal information were held securely so that only authorised people could access them. All dental treatments were completed in the privacy of the treatment room. All of these things acknowledged patients' rights to receive a respectful and individual service.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Patients' needs were assessed and treatments were planned and delivered in line with their individual needs. All of the three parents of patients with whom we spoke about this outcome gave positive feedback. One of them said, "Everything was fully explained. Good quality care."

We examined two sets of patient-care records. They showed that each of the patients had received an initial assessment that considered their general medical condition, the medication they were using and known allergic reactions. This information had been used by the dentist when prescribing dental treatments so that they could be provided safely.

Each of the two patients had a treatment record that listed what dental treatments had been completed. The plans were adequately detailed and formed part of an ongoing account of the patients' dental care. Patients' treatment reflected relevant research and guidance. Records showed that important items of medical equipment such as radiography devices had been inspected and maintained so that they operated correctly. This helped to ensure that x-rays were being used in the right way to assist the dentist to prescribe effective treatments.

There were arrangements in place to deal with foreseeable emergencies. We saw that there were arrangements to provide urgent treatment including access to emergency medication and medical oxygen. This meant that patients could reliably receive special assistance if they became unwell during their dental treatment.

We saw that there were written plans to respond to adverse events. These included being able to refer patients to another local dentist if the practice had to close for a short period. This meant that patients could be confident that their treatment would not be significantly interrupted.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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Patients were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. There was a written policy and procedure that described the action staff should take in order to keep patients (including children) safe from the risk of abuse. Staff had received relevant training, were able to recognise abuse and knew how to 'whistle-blow' if they had concerns. This meant that patients could be reassured that concerns about abuse would be identified and action taken so that people could be kept safe.

Records showed that necessary security checks on staff had been completed. These included obtaining checks from the vetting and barring scheme to show that staff did not have relevant criminal convictions and had not been guilty of professional misconduct.

We saw there was a written complaints procedure that explained how people could raise concerns and complaints. A parent of a patient said, "I have no need to be concerned. I am very happy with the quality of the care".

We noted that there were measures to support patients who needed special help to give consent to receiving dental treatment. In the case of children this included liaising with parents before treatments were given. With reference to adult patients who had reduced capacity staff knew about the need to consult with social care professionals so that the person's wellbeing was safeguarded.

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

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### **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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### **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We saw that there was a policy and procedure that said how good infection control practices were to be implemented. Records were in place including cleaning schedules to help ensure that good standards of hygiene were being maintained. This meant that patients could be confident that measures such as hand hygiene, instrument decontamination and sterilisation and general infection control were operating in a reliable way. A parent of a patient said, "The practice is always very clean I have no concerns". However the provider may find it useful to note that cleaning schedules lacked detail and limited evidence was available that regular audits had taken place. The practice manager acknowledged that this was an area for improvement and intended to ensure that more robust evidence of audits and detailed cleaning schedules were in place.

We observed that there was a system to ensure that reusable items of equipment were only used for one patient before being reprocessed by being decontaminated and sterilised. There was special equipment to undertake this reprocessing and the records showed that this operation had been completed correctly. Sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Parents of children treated had been asked for their views about the treatment provided so their suggestions could be acted on. Records showed that patients had been invited to complete quality assurance questionnaires. The results showed high levels of satisfaction with the practice. We saw that suggested improvements had been acted. A parent of a patient said, "I have not had any concerns or reasons to complain the dentist has been really good".

Decisions about care and treatment were made by appropriate staff at the appropriate level. We observed that there was a clear line of clinical and management accountability. Records showed that all clinical services had been prescribed and overseen by the dentists. This meant that patients could be confident that the dental care they received would correctly meet their needs.

The provider had an effective system in place to identify, assess and manage risks to health, safety and welfare. Quality audits had been completed of key measures. This included checking patient care records so that patients could be reassured that they were receiving all of the treatment they needed. Also, we saw that fire safety checks had been completed to ensure that patients were protected from the risks of fire. These measures meant that patients could be confident that they would receive a reliable, consistent and safe service. However improvements were needed with regard to audits relating to cleaning as detailed under outcome 8. A patient said, "All parts of the service seem to be well organised. It is very well run I have no concerns or worries".

The system to ensure that learning from any incidents and near misses was robust. This meant there was a system to analyse untoward events so that their causes could be identified and action taken to help reduce the likelihood of them happening again. Records showed that there had not been any significant accidents in the year preceding our inspection.

National developments in good practice such as new guidance about the use of medicines and equipment had been received and acted upon. This meant that patients were protected from medicines or equipment that might no longer have been safe for them to

use.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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