

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

Park Lane Orthodontics

65 Park Lane, Tilehurst, Reading, RG31 5DP

Tel: 01189411628

Date of Inspection: 04 June 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Cleanliness and infection control | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Park Lane Orthodontics |
| Registered Manager | Mr. Shane Hurst |
| Overview of the service | Park Lane Orthodontics is an orthodontic practice providing a range of services to both adults and children. |
| 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

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 4 June 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

We spoke with six patients in the practice in private and seven patients or their representatives by telephone following our visit to the service. People were highly complementary about the quality of the service provided at the practice. One patient told us "They are excellent. She is so enthusiastic and nothing is too much trouble". Another said "Cannot fault the service. All the staff are welcoming and professional". The practice was described as "wonderful", "brilliant", "immaculate" and "fantastic" by other patients or their representatives. People told us they had been treated respectfully and the practice was well run and efficient. We were told that the orthodontists fully explained treatment options in a way people could understand and explained the various costs involved if applicable.

We saw the provider sought consent for treatment when private treatment plans were proposed. Signed consents and medical history information was scanned into the computer system. Records for people who used the services were up-to-date and stored electronically. The premises were clean and well organised and staff routinely followed infection control procedures when carrying out treatments. Staff received appropriate training to enhance their knowledge and skills and to keep them up-to-date. The practice had a complaints procedure and people felt they would be listened to if they raised a concern or had a complaint about the services provided.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People said they felt informed and fully involved in discussions about their treatment plan and the costs were always explained. They said the orthodontists explained the risks and benefits of various types of treatment at the initial consultation and provided details of the expected outcome.

We looked at people's electronic records held by the orthodontists and saw that patients had provided signed consents for treatments and these were electronically stored. People were not formally asked for their consent at each visit and people we spoke with confirmed this. However, we were told by people using the service that they agreed to proposed and ongoing treatment in discussion with the orthodontists.

The service was aware of the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was routinely sought from the child's parent or guardian before treatment began.

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. People told us they were extremely happy with the standards of treatment and care provided. We received positive comments from everyone spoken with about the appointment system, the competence and professionalism of staff and the level of information provided when people attended the practice. People told us that when an emergency appointment had been required the practice would do their utmost to fit them in without delay. One person told us that they had only rung that morning and they had been slotted in the same day. We saw that the appointment system included periodic slots for emergency treatments.

The reception area and waiting areas were comfortable and there were a range of leaflets available to patients about the services on offer. We were told that all new patients received a comprehensive pack of information. We observed the receptionist greeting people as they arrived for their appointments in a warm and friendly manner. People we spoke with told us that all the practice staff were friendly and welcoming and the waiting areas were informal and relaxing. People told us that they were always treated with respect and the atmosphere was calm and put them at ease.

We saw that all consultations took place in private consulting rooms. People's records were maintained electronically and arrangements were in place to ensure people's records were stored safely and securely. We were told by staff that patients were seen in private and their confidentiality was maintained throughout the consultation. An examination and initial consultation was undertaken and the person's medical history was obtained in writing. We saw records of dental examinations and observed that all patients' records documented their medical information and the results of consultations. We saw that any significant medical conditions were highlighted within the electronic record by a red cross. This alerted the orthodontist to take account of the person's medical needs. People we spoke with told us that treatment options and costs were always explained thoroughly to them. Everyone we spoke with told us that they received their treatment plan in writing. Relevant leaflets were given to people before and following treatment to support them with aftercare.

We saw that the practice maintained a range of emergency medical equipment that

included a defibrillator, oxygen mask and a range of medicines. We saw that these were checked as in date and working on a regular basis. Some information about potential emergency situations was stored together with the emergency equipment in order to guide staff should such a situation arise.

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

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. All members of staff had undertaken safeguarding adults and child protection training provided by a private training provider and some certificates of completion were seen. Two members of staff including one of the orthodontists had completed more advanced safeguarding training.

Staff spoken with demonstrated a good understanding of safeguarding issues. They were able to provide a clear account of what action they would take if they suspected that abuse had taken place. Staff told us they felt confident they could raise concerns and that these would be listened to and addressed by management. Contact details for the local safeguarding teams and child protection teams were available in the business manager's office.

When we spoke with people who used the service they told us they were very happy with their care and they felt safe with the orthodontists and other staff. We were told that people felt confident in raising concerns and knew how to do this. Most people said they would speak with the orthodontist.

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. During our visit the practice was clean and well maintained. One dental nurse was designated as the infection control lead. All nurses were responsible for cleaning all areas of the surgery. We saw that appropriate personal protective equipment was available and in use. Staff in the practice received infection control and relevant health and safety updates through recognised external trainers. Infection control audits had been undertaken at the practice. We were shown evidence of instrument decontamination, cleaning and general infection control audits.

We asked staff to demonstrate how they prepared the room between patients. They showed us that the chair and all surfaces were cleaned and all items used were disposed of or decontaminated. Staff wore uniforms and told us that a private laundry contractor was used to regularly wash uniforms. We were told that there were always spare uniforms within the practice should soiling occur. Uniforms were only worn in the practice during consultation periods and this was observed to be the case. We were shown how instruments that required decontamination were processed in the dedicated decontamination room. Instruments were managed in trays or individually throughout the decontamination process. There were procedures in the room to ensure that clean and dirty instruments did not contaminate each other. Staff also showed us the manual checking of instruments after the washing phase. They described how any residual matter would be cleaned, and then the instrument re-washed prior to sterilisation.

The practice had a system in place for quality testing the washer-disinfector and the steriliser unit each day and after each cycle using an electronic reader. We saw that these tests were undertaken and records seen confirmed this. All equipment was regularly maintained and serviced and records seen confirmed that this was the case.

The practice maintained a legionella log to record a range of checks on the water system. An external contractor had been engaged to carry out a test of the entire water system on a two yearly basis. The results of tests undertaken in the surgery were submitted to this company on a regular basis where they were analysed and a certificate for clean water was issued. All documentation to support the cleanliness and infection control procedures were available and seen.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. The provider has secured high standards of care by creating an environment where clinical excellence could do well. Staff told us they received regular training in first aid, defibrillation and infection control and this was confirmed during examination of the records. We were told that there were monthly practice meetings where a range of topics were discussed. Any required actions were captured on an actions log which was updated and marked as completed once the appropriate response had been taken.

We spoke with the practice nurses. They told us that they were responsible for maintaining their own continuing professional development. However, training requirements were discussed regularly at practice meetings, with the orthodontists and at occasional practice nurse meetings. We saw files that contained details and certificates of the training they had received. The business manager maintained a record of all staff training and knew when specific courses required updating for each individual.

Staff felt well supported by the orthodontists and described an 'open-door' policy which was practiced by them. The orthodontists and nurses told us that the flow of information between staff at the practice was very good and was achieved easily as the practice was small and friendly. The staff told us practice meetings took place regularly and were well attended. Discussion topics included practice procedures, training needs and other relevant issues relating to the operation of the practice. In addition there were regular in house training sessions covering topics such as health and safety, latest developments, infection control and safeguarding.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The provider took account of complaints and comments to improve the service. The practice had a comprehensive complaints policy and procedure. The designated complaints manager was the quality assurance manager. Details of how to raise concerns or make comments were included in information packs provided to patients or their representatives. A complaints record book was maintained. The record detailed the nature of the complaint and the action taken.

People we spoke with told us that they had "no concerns or complaints," however, most said they would go to the receptionists or orthodontists if they needed to. Every person spoken with said they were "confident that the orthodontists would listen and take their concerns seriously if they were raised."

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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