

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

Herts Orthodontics

3 St Mary's Courtyard, Church Street, Ware,
SG12 9EF

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Shamique Ismail
Overview of the service	Herts Orthodontics provides both a private and a NHS orthodontic service to adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 24 July 2013, checked how people were cared for at each stage of their treatment and care 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

When we inspected Herts Orthodontics on 24 July 2013 we found that the provider and staff provided people with information before seeking their consent. One young person visiting the practice on the day of our inspection said, "They showed me a video and explained everything that was going to happen. They said I could have the brace taken off at any time if I wanted to." Another young person said, "They showed me what was going to happen with a model then showed me a video. It made me feel more relaxed about it."

People's needs were assessed and their orthodontic treatment was planned according to those needs. This included referral back to the person's primary dental care provider for further treatment where necessary

The provider was equipped to deal with medical emergencies.

The practice operated decontamination procedures in accordance with their infection control policy and Department of Health Guidance on decontamination.

Staff were supported with training and clinically qualified staff were enabled to carry out continuing professional development to maintain their professional registration. The provider carried out appraisals for staff that were relevant to their role.

The provider monitored the quality of the service by carrying out internal audits, such as a records audit, and by seeking the feedback of people through surveys.

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

When we inspected Herts Orthodontics on 24 July 2013 we found that people were provided with information about their treatment and they were asked for their consent. Most of the people using the service were young people and the provider had an approach to consent that usually involved their parents or carers. The provider explained that there were some occasions when young people approaching the age of 16 years were competent to provide consent in their own right. The provider and the staff we spoke with understood the law and guidance relating to this and ensured that young people were given plenty of information to enable them to provide informed consent. This included written information in leaflet form and a consultation with an individual treatment co-ordinator, a person whose unique role was to provide information to the person in a non-clinical environment.

We spoke with a member of staff who was designated to carry out this role. They explained they provided detailed information to people about the nature of the treatment and the timescales involved. They then provided an opportunity to ask questions before asking them, and their parents in most cases, to sign the relevant consent forms.

One young person visiting the practice on the day of our inspection told us, "They talked through the procedure and I got put on the waiting list. Then when I came back they showed me a video and explained everything that was going to happen. They said I could have the brace taken off at any time if I wanted to." Another young person said, "They showed me what was going to happen with a model then showed me a video. It made me feel more relaxed about it."

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 treatment was planned and delivered in line with those individual needs. We spoke with the provider who explained the treatment pathway experienced by people using the service. Young people were usually referred to the practice by their primary dental care provider. Such referrals already included information about the person's dental health and the reason for the referral. People who were referred were subject to a further assessment of their orthodontic needs and this included an assessment of their general health and their declared medical history.

We looked at people's records and saw that they contained treatment plans that reflected their individual needs. The provider explained that in some cases people were referred back to their primary dental care provider for further treatment, such as an extraction. One young person we spoke with confirmed that they had been referred back to their primary dental care provider for such an extraction.

We found that there were arrangements in place to deal with foreseeable emergencies. There were wall charts displayed in the sterilisation room showing the emergency response to collapse and the initial cardio pulmonary resuscitation (CPR) procedures. We saw training certificates that showed that staff had received annual life support training. Emergency medicines and oxygen were checked weekly and we saw that these checks were up to date.

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 operated infection control and decontamination procedures according to their infection control policy which was last updated in July 2013. Staff told us they had read and understood the policy.

A staff member demonstrated the decontamination procedures. This included effective transport of used instruments to a separate decontamination room. Thereafter the instruments were scrubbed with a brush, subjected to a visual inspection, cleaned in a washer-disinfector cycle then sterilised under high temperature, pressure and vacuum. These procedures were in accordance with Department of Health Guidance on decontamination.

The overall appearance of the location was of a very clean environment with appropriately trained staff. We saw that staff had last received infection control training in October 2012. The parent of one person using the service told us, "They are very clean. They always have fresh gloves and have their hair up out of the way."

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 that was relevant to their role. Clinically qualified staff were supported to undertake continuing professional development (CPD) that ensured they maintained their professional registration. The provider kept a copy of all CPD activity and training undertaken by the staff. This included a range of training such as child protection and protecting vulnerable adults training that had been provided by the local NHS Trust.

We also saw that staff were supported to undertake other forms of training that assisted them in their role. For example, one member of the reception team who was designated as an individual treatment co-ordinator told us, "I was put on a course in February very specific for this role".

The provider explained that they themselves carried out annual appraisals with the orthodontists who worked at the practice which covered, for example, discussing complaints and positive feedback that had been received. We saw staff files that showed the practice manager carried out appraisals every six months for all other staff members. The appraisals were carried out against agreed objectives and so they were relevant to staff members' roles. Staff we spoke with told us they felt supported by the provider and enjoyed working there

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

The provider took proper steps to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw that the provider carried out a range of audits. As well as audits carried out on the operation of equipment and machinery used in the practice, the provider also audited systems and procedures. For example, we saw that the provider had carried out an audit of orthodontic breakages in August 2012. This had identified that insufficient time was being allocated to appointments to correct the breakages. This had resulted in revised instructions issued to staff about managing time allocated for these appointments. A follow up audit carried out in January to March 2013 showed that this had been effective.

We also saw that the provider had carried out a patient record card audit in June 2011 to establish whether decisions were consistently made about carrying out x-rays. This audit identified that there was a need for more accurate recording in people's notes of the justification for x-rays. This was communicated to all staff on a one-to-one basis and during a team meeting. The provider told us they intended to follow up this audit later this year.

The provider sought feedback from people using the service. We saw that a patient survey had been carried out in May to June 2013 where people who had reached the end of their treatment were asked to complete a questionnaire about their 'treatment journey'. The objective was to determine people's views about each aspect of their treatment so that the service could improve. The results of this survey had not been analysed at the time of our inspection, however, we looked at the results of the survey carried out the previous year. These showed that 98% of people were satisfied with their treatment and that there were no identified shortfalls. The provider explained that they intended to carry out a more focused survey in February 2014 which examined the effectiveness of the treatment co-ordinator role.

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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