

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

The Orthodontic Practice

84 Rodney Street, Liverpool, L1 9AR

Tel: 01517091980

Date of Inspection: 27 February 2014

Date of Publication: March 2014

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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Timothy Martin
Overview of the service	The Orthodontic Practice is a specialist Orthodontic dental service. The service is located in Liverpool City Centre, close to public transport links. The practice provides a specialist orthodontic dental service for both NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

	Page
<hr/>	
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
<hr/>	
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
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
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 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 27 February 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider and took advice from our specialist advisors.

What people told us and what we found

We reviewed information about the practice, looked at treatment records of people who used the service, examined staff records and quality assurance documentation. We talked with staff and received feedback from people by looking at comment cards and records from patient satisfaction surveys.

We saw that before people who used the service received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

We examined evidence which demonstrated that people experienced care, treatment and support that met their needs and protected their rights.

We saw that people were protected from the risk of infection because appropriate guidance had been followed.

We also saw that people who used the service were treated and supported by, suitably qualified, skilled and experienced staff.

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

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

People who used the service were given appropriate information and support regarding their treatment. The waiting room had informative posters and leaflets about preventive dental care and the treatments or services provided. We saw the provider had a complaints policy. There was information displayed for people who used the service on how to comment about the quality of service or how to make a complaint. Patients were encouraged to comment on the service using a questionnaire, and we saw copies of these forms available in the waiting room for patients who wished to leave feedback on the practice. We saw evidence which indicated that when necessary, feedback was used to improve the service.

We looked at the contemporaneous patient treatment records. We saw evidence in the records of discussion regarding diagnostic test results, treatment choices and advice given. We also saw evidence of completion and signing of treatment consent forms along with evidence of treatment plans and clear information on the cost of treatment given to patients to take home prior to the commencement of treatment. This indicated that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

Our judgement

The provider was meeting this standard.

Treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual orthodontic treatment plan. Treatment was planned and delivered to ensure people's safety and welfare was looked after. We looked at three treatment records and saw information regarding medical history, allergies and orthodontic examinations was recorded. There was documented evidence of completion and treatment plans were signed. We saw records which showed that a random selection of clinical records was audited by the practice twice each year.

There were arrangements in place to deal with foreseeable emergencies. The service had an emergency drugs kit, first aid kit, and oxygen available. We saw records of the emergency drugs having been checked at regular intervals and the drugs were in date. There was a designated first aider and staff had received training in first aid and emergency medical procedures including cardiopulmonary resuscitation (CPR).

During our visit we observed that x-ray equipment was situated in suitable areas and x-rays were carried out safely and in line with local rules that were relevant to that practice. There was a radiation protection policy in place to ensure the safe operation of the equipment and to protect people who required x-rays to be taken as part of their treatment. This demonstrated to us that people's treatment was planned and delivered in a way that ensured people's safety and welfare.

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 treatment rooms were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in each of the treatment rooms. The appropriate hand washing procedure was displayed over the sinks as required and the correct soaps were available.

Staff demonstrated the protective equipment, including visors, gloves and aprons used when cleaning and sterilising equipment. We saw evidence of appropriate protective equipment in place and accessible in the surgery rooms. We saw sharps containers that were fit for purpose and not overfilled.

We saw evidence that the practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. Evidence was seen of the practice having undertaken an audit and demonstrating compliance with HTM01-05 standards. We also saw evidence of the Infection Prevention Society (IPS) local audit that had positive results.

There were effective systems in place to reduce the risk and spread of infection. The practice had a central sterilisation room. We observed correct practices for the decontamination and sterilisation process were undertaken in accordance with HTM01-05 requirements. The systems in place were thorough and ensured that clean and dirty instruments did not contaminate each other. We saw records which showed that all clinical staff were trained and competent in decontamination procedures.

There were arrangements in place for the management and disposal of clinical waste and sharps instruments.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were treated and supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with staff members during our visit. They told us they felt well supported and had all the training and information they needed for their roles. One staff member told us "I enjoy it, we have a good relationship with the orthodontists, it's a nice atmosphere, a really nice place to work." Staff members we spoke to confirmed that they had undergone an induction, and had to provide evidence of their identity prior to starting work at the practice.

We looked at staff files which showed that staff were provided with training and orientation on all the key aspects of their role as part of the induction process. During our inspection we looked at records relating to staff recruitment and induction. We saw records that confirmed that all staff had been through a recruitment process, and had undergone identity checks as well as a Criminal Records Bureau (CRB) check prior to starting work at the practice. This indicated that appropriate checks were undertaken before staff began work.

We looked at a number of comment cards and feedback given by people who used the service, all of which was positive. Comments we saw indicated that people who used the service felt that the staff were skilled at caring for them. Some of the comments we saw were, "Thank you so much for your friendly and super professional treatment." Another person wrote, "We'd like to thank your amazing team for all the top quality treatment."

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 the service that people receive.

Reasons for our judgement

Decisions about treatment were made by the appropriate staff at the appropriate level. There was evidence that learning from incidents took place and appropriate changes were implemented and the provider took account of complaints and comments to improve the service.

We saw information on how to make suggestions/complaints was available for people who used the service in the reception area. Staff told us that the comments were checked regularly and action taken in response. The practice had a complaints policy and took account of complaints and comments to improve the service.

The practice had clinical governance processes in place to monitor the quality of the service. We saw regular audits in areas such as infection prevention and control. We saw comments made by people who used the service during our visit which indicated that they felt the practice was well managed. One of the feedback cards we saw said "I always receive a professional service."

We saw records to confirm that regular staff meetings were taking place. Staff were also able to contribute to the agenda as well as discuss particular issues in the meeting itself.

We also saw evidence of comprehensive risk assessments including those on fire, waste management, personal protective equipment, identified hazards and all aspects of health and safety at work.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
