

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

Manor Orthodontic Clinic

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Tel: 01952223313

Date of Inspection: 19 November 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	PKD Orthodontics Ltd
Registered Manager	Miss Sarah Jane McCaskill
Overview of the service	Manor Orthodontic Clinic provide a range of orthodontic treatments for people who are referred to them. They provide the majority of their services to people under the age of 18.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2012, 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 and talked with staff.

What people told us and what we found

Everyone we spoke with said they were very happy with the service that they received. People told us, "It's really good, they make you feel welcome". One person said, "The service has been good".

People who received a service visited the clinic for a specific course of treatment. They all said that they had been consulted and involved in the planning of their treatment. The dentist told us that they informed people about their rights. People told us that they felt in control of the treatment that they received.

People told us that their privacy and dignity was maintained and that they felt safe and relaxed in the surgery.

People who received a service told us that they were happy with arrangements in place for ensuring that equipment used was clean and sterile. The practice had effective procedures in place for the management of infection control. Staff had received training and support to reduce the risk of infection.

Everyone we spoke with was very complimentary about the staff who worked at the clinic. One person said, "They are very welcoming. They have good conversation and get to know you". We saw that staff were friendly, courteous and polite. Staff told us they were well supported in their work.

We saw the complaints procedure displayed in the reception room. People we spoke with were not aware of the formal complaints process but all said that they would have confidence to speak with the dentist if they had any worries or concerns.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available. People we spoke with told us that their orthodontist explained all treatment options to them including the risks and benefits of each. They said they were involved in making decisions about their treatment. The orthodontist told us how they worked with their patients and would not start any treatment until they were confident that it was what the person wanted. They were given detailed information and when necessary had time to, "Go away and think about it".

People attended the Manor Orthodontic Clinic as the result of a referral from the local hospital or their own dentist. The orthodontist worked alongside National Health Service colleagues to ensure continuity of care for people who received a service.

There were no costs for people who received a service for treatment and they were aware of this. People said that they knew before treatment started exactly what it entailed. They said that information shared had been detailed and easy to understand. They said that they were confident to ask any questions that they might have. Relatives also told us that they felt that staff were approachable to ask questions. They also said that the service was flexible to accommodate any problems that arose.

Staff told us how they supported people in ways that they preferred and in ways that respected their cultural and individual beliefs. People told us that information was shared in a way that they could understand. We spoke with one person who had been nervous when they first visited. They told us, "They comfort you really well. They tell jokes and put you at ease. They know if you are nervous". Staff shared similar examples of how they had supported people with a range of needs.

People told us their privacy and dignity was maintained. Staff shared positive examples of how they ensured people's privacy and dignity. We saw that most people were seen with the door closed. Staff were very careful about sharing information and maintaining confidentiality.

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

We spoke with five people who had received a service along with their family members. The majority of people seen at the clinic were under 18 years of age.

Everyone spoke very highly of the treatment that they received and of their care and support. People who received a service told us, "The service is really very good". Another person told us, "They are really nice". A relative told us, "It's great. The service has been absolutely excellent throughout. We couldn't wish for a better dentist".

The aim of the clinic was "to provide the best quality care for patients, families and friends". We saw how family members were involved in supporting the person receiving treatment. They told us they felt involved and informed. The orthodontist explained how they made sure that the wishes of the people receiving the treatment were their priority. They were aware of patient's rights and their responsibilities to provide them with the service that they wanted but that also met their assessed need. People told us that they had received dietary advice and support to clean their braces and look after their mouths. They told us that models were used to explain things and that leaflets were also available to take away and read.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People told us they had completed and signed a medical questionnaire about the health and any medications they were taking. They told us that during each visit staff enquired about their health and well-being. They said that they also checked and updated their health information to ensure it continued to reflect their current situation. We saw that this information was reflected in the patient dental records we looked at.

There were arrangements in place to deal with foreseeable emergencies. Medication kept on site was recorded and checked regularly to ensure it remained in date and suitable to use. Dental nurses knew the limitations of what they could do during an emergency. They also told us that they had been trained to manage emergencies and administer first aid.

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

People received their treatment in a clean, hygienic environment. We saw the procedure for cleaning instruments used during dental work. We spent time with the dental nurse with responsibility for managing infection control within the practice. The lead nurse was knowledgeable about the processes to follow and the reasons for following them. They showed us the decontamination process and described how the equipment was monitored to ensure it worked efficiently. They explained to us how used and clean instruments were stored and transported. They demonstrated that they understood the equipment used and the processes to be followed. They showed us the records that they kept to show that the necessary equipment checks had been done. We checked the instruments in one of the two surgeries and they were all in date.

Everyone we spoke with told us that they saw the orthodontist and the hygienists open instruments in front of them. This gave them reassurances that everything used had been cleaned. People also confirmed that orthodontists, hygienists and nurses wore disposable gloves and masks. We saw the lead nurse carrying out procedures in gloves and goggles. All staff got changed before starting and after completing their patient lists.

Staff told us that they had received training for the decontamination of equipment and infection control. They said that they were confident that infection control procedures were effective. We were told that only one of the two surgeries had two sinks available for cleaning purposes. They had improved facilities as they had developed the practice. The latest surgery had been designed taking into account good practice guidelines for effective infection control. We were told that the team had worked with the local infection control nurse in relation to processes and practices.

The dentist told us how they had taken action following their latest infection control audit. We saw the action plan produced. It reflected that they had plans to make suggested improvements within the confines of the environment.

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 to an appropriate standard.

Reasons for our judgement

People who received a service told us that staff were friendly and kind. One person said that staff were, "Lovely". Another person said, "They are all really nice". People told us that the receptionist was, "Welcoming".

Staff told us that they felt well supported. One staff member told us that there had been quite a few staffing changes recently. They said that they had been supported throughout. They also said that the team now in place was, "very good". They told us that the practice manager was "approachable" and that they had all the resources that they needed to do their jobs effectively. In discussions staff demonstrated a good understanding of their roles and responsibilities. They told us that they had the knowledge and skills to carry out their jobs effectively.

We saw how the clinic planned to further improve staff support in the future. The orthodontist was positive about wanting to develop the service and the manager felt supported to make changes in line with legislation and best practice guidelines.

We saw that dental staff were registered with the General Dental Council and had received appropriate continued professional development (CPD). We were told how training was accessible and relevant to their roles. The orthodontist shared plans to develop some additional training courses "in house" to develop staff's practice and knowledge". Staff told us that they attended training at other dental practices when appropriate. They also said that they received input from health professionals when required.

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

We saw a copy of the complaints procedure displayed in the reception room at the clinic. We saw that it included details of other agencies that people could escalate their complaint to should they not be happy with the outcome of how their complaint was managed. The provider may wish to note that people we spoke with were not aware of how to formally complain if they were unhappy with the service they had received.

Everyone told us that if they had a worry or a concern they would speak with the orthodontist or the practice manager. They all said that they would be confident to do this and felt that they would be listened to. People also told us that they did not have any complaints.

The practice manager told us how they had supported one person who had raised concerns informally. They told us that sensitive information was recorded confidently on the person's file. They said that the complainant had been satisfied with the response. The manager told us how they viewed complaints as opportunities to learn and develop their service.

We saw how the manager completed annual forms to the NHS detailing how many complaints that they had received. We saw the latest record reflected that there had not been any.

We also saw huge number of cards displayed in the surgeries complimenting the service. Comments reflected those shared by the people that we spoke with.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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