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

Rotherham Orthodontic Centre Brinsworth

1 Poplar Drive, Brinsworth, Rotherham, S60 5BP
Tel: 01709837536

Date of Inspection: 20 May 2013
Date of Publication: June 2013

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

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<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Orthodontic Centre (UK) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Alexander Taylor</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Rotherham Orthodontic Centre is situated within the shopping area of Brinsworth. It is easily accessible to people by public transport. The centre specialises in orthodontic treatment only, using modern braces. All partners and associates at this orthodontic centre are registered both as dentists and as specialist orthodontists.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
</tbody>
</table>
| Regulated activities | Diagnostic and screening procedures  
                       Surgical 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 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 20 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

People who attended this centre were referred to by their own dentist for treatment. Most people who used this service were usually from the age of 11 to 18. However people over 18 were also treated.

Before people received treatment they were asked for their consent and the orthodontists acted in accordance with individual's wishes.

Young people were accompanied by their parents or a responsible adult. An orthodontist and a dental nurse spoke with them about the choice of treatment available. Since most treatments were not urgent, people had several months between their initial consultation and the second appointment. This gave people the opportunity to reconsider and make changes.

People's needs were assessed and treatment was delivered in line with their treatment plan. During planning stages patients were informed of the risks associated with their treatment and how it could be minimised by the orthodontists. The dental hygienist was involved in promoting good dental care so that the best outcome was achieved.

Three young people told us they understood their treatment plan. Seven parents told us that the orthodontists always spoke with the young people when explaining the treatment and asked for their comments. This meant patients were fully consulted and included in the decisions.

The environment was clean and free from unpleasant odours.

Four staff recruitment records were checked. Essential checks had been carried out prior to employment.
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

On the day of our visit we spoke with one of the orthodontists, the receptionist, the hygienist and three dental nurses. We also spoke with three young people who came in for treatment and their parents. We contacted four relatives by phone to gain information about the service.

Before people received any care or treatment they were asked for their consent and the orthodontists acted in accordance with individual's wishes. We were informed that young people attended the centre with their family members or carers. The principal orthodontist explained that patients were referred to them through their regular dentists. The referral letters gave them the necessary information about the patients. They said all patients completed their medical declaration which gave them further information. This helped them begin conversations about treatments with the patients.

Three parents told us that the orthodontists always discussed the treatment plan with the young people. They said decisions were only taken when the young person was fully aware of the treatment required and consented to it. The three parents were complimentary about the way the orthodontist and the other staff consulted the young people. They said sometimes the staff used models and pictures to help patients understand. This meant every effort was made to ensure valid consent was sought for the treatment.

Two parents and a young person said the treatment was considered not urgent therefore they had plenty of time to reconsider options and change their minds. One of the dental nurses and an orthodontist said that they followed clear procedures to obtain valid consent from patients before carrying out any examination or treatment.

We spoke with three young people who were visiting the surgery with their parents. They seemed calm and told us why they were there. Two dental nurses said during each visit people were asked for their consent to treatment and people were given the chance to change their mind if they had any doubt. A patient said that they had come for a check up.
and another young patient said they had been to this centre before and they had decided not to go ahead with the treatment. However after some months they had reconsidered the treatment and had come for a consultation. This meant people were given sufficient time to consider options and even on the day of treatment people were able to change their minds.

The provider explained that they had policies and professional guidance to refer to and act in accordance with legal requirements where people did not have the capacity to consent. They said the client group they treated were young people and most of them had capacity and parental guidance when agreeing to treatment. They also explained that those who were cared for by care workers visited the surgery with their care worker or a responsible adult. This supported patients and helped the staff communicate the treatment effectively. One of the dental nurses said that the treatment was never rushed and people were given time to consider. If during their assessments it was revealed that the person was unable to make the decision they would refer them to a dental hospital for treatment. This meant that people received treatment following a valid consent.
Care and welfare of people who use services

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 their individual treatment plan. The treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

An orthodontist and the staff told us that at the first visit people filled in a health questionnaire and personal details about them. They also had a referral letter from their dentist which gave them further information about the need for the treatment. We looked at three patients' records which included such information.

As part of this inspection we spoke with ten people and three of them were young people. The young people told us they understood the course of treatment and were happy with the treatment plans. The dental nurses we spoke with explained that a full medical history was taken of all patients to assess any health risks they had to take into consideration when planning the treatment.

The orthodontist explained that their clients could be categorised into three groups. They were those with dental illness, those who were troubled by their dental appearance and those who were affected by others commenting about their dental appearance. Therefore the treatment plans and risk assessments were individualised to suit the peoples' needs, promote their rights and help them achieve the best outcome.

Two dental nurses explained how they carried out risk assessments and informed the people of the risk associated with each treatment and helped them weigh up the benefits when making decisions. This was confirmed by two parents we spoke with. The parents also confirmed at each subsequent appointment the orthodontist and the dental nurses assessed the progress and looked into any risk to the young people.

We were informed by an orthodontist and the hygienist that they used the electronic records on patients to evaluate progress and maintain a clear audit trail of the treatment. They said this had helped them when parents had telephoned to verify information and asked for advice between treatments. We saw evidence of this in the computerised information we looked at.
Information from the people who used the service confirmed that the dental hygienists offered oral health advice and encouraged regular and effective oral care. The hygienist said they spent time educating the young people so that they understood the benefits of effective oral hygiene to maintain good oral health.

We were informed by one of the orthodontists that there were arrangements in place to deal with foreseeable emergencies. These included policies and procedures and emergency equipment which was regularly checked and maintained by either the staff at the surgery or by outside contractors. The staff we spoke with were aware of the procedures and how to deal with emergencies. We were informed by one of the dental nurses that appropriate training had been provided to staff in the areas of resuscitation and first aid.
Cleanliness and infection control

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 of spread of infection within the surgery.

There were two treatment rooms and adjacent to them was the decontamination room. The work surfaces and the flooring were easy clean to help reduce the risk of infection.

The treatment rooms housed the necessary equipment and hand washing facilities for the orthodontists and the nurses. Personal protective equipment such as gloves, aprons, masks and goggles were available to the orthodontist, staff and patients during treatments. This is to ensure everyone was protected from any sprays or spillage or infection.

The decontamination room had areas designated as clean and dirty. The dental nurse who was working in the area explained the process they followed. Three dental nurses we spoke with said they were competent in carrying out decontamination of equipment and that they had training.

There was a separate X-ray room. The dental nurses told us that the orthodontists and the nurses had received training on how to use the equipment safely. One of the dental nurses described the safety procedures used whilst using the X-rays machine. During our visit we witnessed this.

We were informed by a dental nurse that the central suction units and the air compressor were sited away from the clinical area outside the building. The air compressor was sited there to minimise the noise. The central suction unit was kept away from the clinical area to ensure the contents from the suction were managed safely to protect people. The contents of suction consist of waste water, blood, saliva, a wide variety of filling materials and parts of teeth.

Dental nurses told us that specific cleaning routines were in place to maintain a good standard of hygiene within all parts of the surgery. We saw that cleaning equipment and clinical waste bins were also freely available. The staff we spoke with were aware of how and when to use these appropriately. They maintained records to evidence this.
All areas of the practice were found to be free from unpleasant odours. The staff said each treatment area was cleaned and disinfected by the dental nurses between patients. We saw the cleaning rotas. Each day the staff on duty completed tasks to ensure the surgery was fit for use. The provider employed a cleaner who carried out deep cleaning of the surgery once a week. We saw the job list for the cleaner and the checks by the dental nurses following each visit.
Requirements relating to workers  

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

| Met this standard |

**Our judgement**

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

**Reasons for our judgement**

Appropriate checks were undertaken before staff began work at the surgery.

The principal orthodontist informed us that they had purchased the surgery and the staff some months ago and that they were going through transition. They said they were taking over the staff and the patients from the previous orthodontist. This was being completed in stages.

Therefore they were in the process of auditing staff files to ensure all relevant information including personal identification, satisfactory Disclosure and Barring Service checks (DBS) and references were in employee's files.

We checked four staff files. All staff working at the surgery had access to their own files and assisted us with our checks. All the files we checked had the relevant information.

We were informed by an orthodontist that all new staff had induction and worked alongside experienced staff before being allowed to assist orthodontists without supervision. This was confirmed by one of the dental nurses and there were documents to support induction and staff supervisions.

Three dental nurses informed us that as part of their induction they were involved in working at the reception. This helped them understand the working of the surgery and how to offer customers appropriate information.

An orthodontist and one of the dental nurses said they had access to legal advice if they needed assistance regarding recruitment and selection of staff. They also said they had policies to follow if they found staff unfit for work and therefore ensure public protection.
Assessing and monitoring the quality of service provision

| 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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider had systems to identify, assess and manage risks to the health, safety and welfare of people who were using the service and others.

We were informed by one of the orthodontists that they had taken over the running of the surgery during last year and that they were going through transition. This meant that they had carried out a preliminary audit of the surgery. Following on from the audit they had prioritised the actions to be taken to upgrade the service including changes to the building to ensure it was fit for purpose.

They had also made sure any treatment plans started by the previous orthodontist were continued until completion. Therefore the provider ensured patients had continuity which promoted their rights and welfare.

There had not been any formal surveys for people who used the service or the staff who were working at the surgery. The provider confirmed that they hope to carry out quality audits during the latter part of this year. This would give them time to settle as the new provider of the service.

Ten people who used the service and five staff we spoke with gave us positive comments about the provider and the service. These were some of their comments. "We can not find anything we would like to be changed here. They are very good here." "They talk to the children not us. That is really good." They said children like dentists and doctors consulting them, that made them feel included and able to have a say in what happened. One person said, "There used to be problems with miscommunication but it is much better now." Comments from staff included, "I love my job. I am really committed." "There had been some problems with lack of communication in the past. Now we work very hard to keep people informed." "Working at the reception is useful." Staff said it gave them the chance to find out what types of queries people rang up with and made sure they gave them clear information and instructions.

We noted the provider had listened to people's comments and made changes. This has resulted in better and clear information for people from the centre. The provider took
account of complaints and comments to improve the service. We saw a system was in place to address issues that had arisen. We noted that details of the procedure for making a complaint were available to people. People we spoke with said they did not have any need to make a complaint and they were satisfied with the service.

The staff said they did not have formal staff meetings. They told us that they had meetings when the orthodontists and the dental nurses met and discussed the patients or other work related business. Staff said it would be useful to have formal meetings to feel included in the changes to the service arrangements. We shared this with one of the orthodontists. The provider may wish to note that the staff team were not fully aware of the plans for the centre and would like to be a part of the decision making process.

The provider said they had processes which closely audited any near misses or incidents which may affect the patients or staff. However they said they had not had any incidents since they purchased this centre.
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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>17</td>
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<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>9</td>
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<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>13</td>
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<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>16</td>
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<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>21</td>
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<tr>
<td>Staffing - Outcome 13</td>
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<tr>
<td>Supporting Staff - Outcome 14</td>
<td>23</td>
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<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<td>Complaints - Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

**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.
(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.