

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

Rickmansworth Orthodontics

11 Mount View, Rickmansworth, WD3 7BA

Tel: 01923721156

Date of Inspection: 12 December 2013

Date of Publication:
December 2013

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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Rickmansworth Orthodontic Practice Limited
Registered Manager	Mr. Roy Abrahams
Overview of the service	Rickmansworth Orthodontics provides NHS and private orthodontic treatment to children and adults.
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'.

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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 12 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We inspected Rickmansworth Orthodontics on 12 December 2013. On arrival at the practice we were greeted by reception staff and noted that the provider had displayed posters around the practice informing people of our visit and encouraging people to speak to us. We saw that the main reception and waiting area was visibly clean and contained a vast amount of information about the treatments available, information about the practice, and other important information about medical history and hygiene. Products were also displayed and available to purchase from reception.

People who used the service told us that the nurses were 'very nice' and that the orthodontist 'explained the process'. We were told that they made them 'feel comfortable' and answered any questions that they had about the treatment.

Staff told us that they always 'tried to make people comfortable' and that 'patients were treated really well'. They told us that they had 'a really good team' and the running of the practice was 'a team effort'.

We found that the provider was compliant in the regulations we inspected. They had followed the required processes to insure people were protected from the risk of infection. Consent was always obtained from people who used the service. The provider had a robust complaints procedure in place. We reviewed the recruitment procedure and noted the provider had carried out the required checks before staff came to work at the service.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We reviewed the records of people who used the service. We saw that the provider had asked people to sign treatment plans confirming their consent to the procedure. When we spoke with staff we were told that they would always ask people for their verbal consent before carrying out any treatment. When a child was receiving treatment then they would ask the parent for consent but would also discuss the treatment with the child to ensure that they were also consenting to the procedure.

When we spoke with people who used the service they confirmed that they were asked prior to every treatment for their verbal consent and parents were asked to sign documents on behalf of the children. We were told by staff that if whilst assessing a child they found additional complications then they would first speak with the parents and gain their consent before informing the child and discussing consent to treatment with them.

This showed 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.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the majority of people using the service were children. The provider told us that they would always speak to children with their parents and discuss the treatment with the child to ensure they understood what to expect. We saw photographs that were shown to people to illustrate what different devices would look like. The provider told us they did not show people before and after shots because each person was different and they did not want to create any false expectations for people. People we spoke to told us that they were provided with information about the treatment they would be having and could purchase an optional starter kit which contained additional information and advice along with recommended cleaning products.

We were told by staff that if they noticed that a person was especially nervous about the treatment, then reception staff would inform the orthodontist who would then come out to the waiting area and invite the person into the surgery to 'have a look around'. We were told that only once the person was calm and comfortable with the surroundings would they continue with the appointment.

Staff told us that on occasion they would meet people who showed evidence of safeguarding concerns. Staff told us that if they observed any behaviour of concern then they would speak with the orthodontist about their concerns and if they also agreed then they would either speak with the parent or follow the local safeguarding policy. We saw from people's notes that on occasion's staff had raised concerns and documentation was available in people's files advising of the concerns and the outcomes.

Staff at the practice had received training on Cardiovascular Pulmonary Resuscitation (CPR) and medical emergencies. We saw that the practice had access to emergency drugs which were checked by staff weekly to ensure they remained within their use by dates. There was also a resuscitation kit with both adult and child masks available to use. This was also checked by staff regularly. This showed that there were arrangements in place to deal with foreseeable emergencies.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

Staff talked us through their decontamination process for the practice. We saw that there was a clear flow of dirty instruments coming into the decontamination room and clean instruments then leaving the room. We saw that staff followed daily decontamination checks and signed to confirm that all tests had been completed including helix tests and protein tests. There was a detailed decontamination protocol which staff followed for the surgeries for cleaning in between patients, and at the start and end of sessions. Monthly checks were carried out for Legionella and hand piece sterilisation and regular checks were carried out on the decontamination instruments such as the autoclave.

All clinical waste was stored away from public access and disposed of correctly and staff used personal protective equipment (PPE) to protect themselves from the risk of infection. The provider had an infection control lead allocated to the practice and they over saw the infection control processes in the practice and also ensured that all staff were following infection control guidelines. This showed that there were effective systems in place to reduce the risk and spread of infection.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work for the provider. We found that all the staff had been employed with the service for many years. Staff had current membership to the General Dental Council (GDC) and they had provided certificates for proof of qualifications. All staff had received immunisation from Hepatitis B and the provider had complete criminal bureau checks (CRB) on all the staff. Staff were taken through an induction process and a record of their probation assessment was also available in their files along with any appraisals they had completed. Staff had signed contracts of employment and also confidentiality agreements with the practice. The provider had also ensured that people were trained in areas such as Safeguarding, First aid, Radiography, infection control and health and safety.

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.

Reasons for our judgement

The provider had a detailed complaints procedure in place which was available for people to view in the practice and also in the patient information booklet. We saw that the provider would acknowledge any complaint within two working days and would investigate them within 10 working days. The procedure advised people on how they could complain and who would deal with the complaint. It showed what the practice's responsibility was and it also provided details of external organisations that people could go to with their complaints.

We were told by the provider that they had not received any formal complaints in the past year, but we did note that the provider had a record of compliments received in 2013 which amounted to 31 compliments for the year.

When we spoke with people who used the service they told us that they were aware of the complaints procedure but had no complaints about the service. They said that they felt confident that if they had any issues then the provider would resolve them. This meant that people were made aware of the complaints system and would use it if the need arose.

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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