

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

Chapel Road Orthodontics Limited

39 Chapel Road, Bexleyheath, DA7 4HW

Tel: 02083036836

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Chapel Road Orthodontics Limited
Registered Manager	Mr. David Horobin
Overview of the service	Chapel Road Orthodontics Limited provides NHS and private specialist orthodontic treatment. It is located in the London borough of Bexley.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 12 December 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 and reviewed information given to us by the provider.

What people told us and what we found

People using the service and their relatives we spoke with were very happy with the service. They understood the treatment they were having and told us the service was responsive and welcoming. For example, one person told us: "It's good. The staff are very friendly, especially the desk. They know my name. They're good on the phone, sort everything out. If there's an emergency they fit me in so I don't have to miss school". Another person told us: "They prepare you for what's going to happen, if you're going to be in pain for a couple of days [after the brace has been adjusted], and to take paracetamol." A relative told us they liked how clean, warm and comfortable the waiting room was, and that the surgeries were always very clean. They said: "[My daughter] used to be phobic about going to the dentist, but here they get a mirror and explain what they're doing. She feels like a grown up".

We found people using the service were involved in decisions about their care and were treated with dignity and respect. They experienced treatment and care that met their needs and were protected from the risk of infection. Safeguards were in place to protect people from abuse and the provider had a system in place for monitoring the quality of service 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

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 privacy, dignity and independence were respected and their 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 use the service understood the care and treatment choices available to them. The practice leaflets available in the surgery, and the provider's website contained information about the facilities and treatments on offer. We observed the orthodontist explaining clearly why treatment was necessary and what it would entail, using the person's X ray, models, and case histories on the practice's website to illustrate this.

People expressed their views and were involved in making decisions about their care and treatment. We observed the orthodontist involving people in discussions about their treatment, respecting their wishes, and giving advice about alternatives. For example, one person decided against orthodontic treatment, and the orthodontist advised them about having a bridge or an implant to fill the spaces in their front teeth.

People's diversity, values and human rights were respected. We observed staff speaking with people using the service in a friendly, helpful and respectful manner. The practice had a patient data protection code of practice policy which provided guidance to staff about keeping people's personal information safe. Staff had access to local NHS interpreting services to aid communication when needed.

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 care and treatment was planned and delivered in line with their individual care plan. Records we looked at showed that a person's treatment plan was based on an assessment of the nature and extent of the misalignment and crookedness of their teeth. Systems were in place to ensure the referring general dentist was informed about the result of the consultation with the orthodontist to promote continuity of care. Referrals were made to the general dentist or other providers for surgical procedures, for example extractions. We saw that patients wearing braces attended the practice regularly for adjustments as their teeth moved into their new positions, and photographic records were kept of the progress of treatment.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There was a system in place to ensure the practice had an up to date record of the patient's medical history. The practice checked the system was working effectively through six monthly record keeping audits. We saw that the patient's electronic record flagged medical alerts for the orthodontist's attention, for example allergies. We observed staff explaining to patients how to look after their teeth, for example we saw an orthodontic therapist using a model to demonstrate how a person should to keep their retainer clean using different tooth brushes.

There were arrangements in place to deal with foreseeable emergencies. Records we looked at showed staff had received training in emergency life support and automated external defibrillator skills. We saw that emergency drugs, oxygen and equipment were on hand and were fit for use. A contract was in place for the supply of emergency drugs. While staff we spoke with were confident that supplies for dealing with medical emergencies were fit for use, the provider might find it useful to note that the emergency kit were not being checked on a weekly basis, in line with their policy.

The practice had an emergency and business continuity plan which provided guidance to staff about what to do in the event of, for example, loss of water supply, to ensure people continued to receive treatment that was safe, and in a timely way.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records we looked at showed staff had received child protection and safeguarding vulnerable adults training. Safeguarding policies and procedures were in place to provide further guidance to staff about responding to, and recording signs of abuse, and reporting concerns to the local safeguarding authority so that action could be taken to protect people who may be being abused. Staff we spoke with demonstrated they were able to recognise signs of possible abuse and knew how to report any concerns.

The provider confirmed they had made no reports of suspected abuse to the local authority in the 12 months prior to our inspection.

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 and they were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice had comprehensive infection control policies and procedures in place covering for example: the decontamination of instruments and equipment, clinical waste disposal and hand hygiene.

We observed procedures and processes were in place to prevent cross infection. Instruments were decontaminated and treatment areas were cleaned and disinfected between each person's consultation. Staff wore uniforms and used personal protective equipment such as aprons, gloves and face masks appropriately to prevent cross infection.

Records we looked at showed sterilising equipment was checked and tested regularly to ensure it was working properly. Maintenance and service agreements were in place to keep equipment in working order.

There were contracts in place for the disposal of clinical waste. We saw waste was appropriately segregated and stored prior to disposal to protect people from infection from clinical waste.

Records we looked at showed the practice used a nationally recognised tool to check that it was meeting the Department of Health's essential quality requirements for decontamination in primary care dental services.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. We saw the practice undertook patient surveys to find out people's experience of the service to see where improvements could be made. We observed feedback for patients about the results of the survey was on display in the waiting room. For example, the provider had made information about car parking facilities close to the surgery available in response to comments about limited parking at the practice.

There was a system of checks in place to ensure the service was running as efficiently and effectively as possible, including for example infection control and record keeping audits. We saw that audit reports identified strengths and areas for improvement. We saw for example that action was taken to ensure immunity status against hepatitis B was recorded for every member of clinical staff following the last infection control audit.

There was a procedure in place for recording and learning from incidents and staff we spoke with were familiar with the incident reporting procedure. We looked at the incident report book which showed there had been no incidents in the 12 months prior to our inspection.

There was a procedure in place for investigating complaints. Information about the procedure was available to patients on the practice's website. Records we looked at showed the provider sought to make improvements to the service where possible in response to complaints. For example, in order to reduce the waiting time for NHS treatment, the provider was trialling sending text reminders to patients to reduce the number of missed appointments. It was too soon to assess the impact of this initiative.

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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