

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

## St John's Wood Orthodontic Clinic

61 Queens Grove, London, NW8 6ER

Tel: 02077222120

Date of Inspection: 15 March 2013

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Parita Bagheri
Overview of the service	St John's Wood Orthodontic Clinic offers a full range of orthodontic treatments to children and adults. Most patients are treated on the NHS, but private patients are also treated.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We looked at results from the feedback questionnaires.

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### What people told us and what we found

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Detailed information about the practice was available from its website. There were information leaflets on-site that were specific to the various treatments available. One person told us that although they were given sufficient information about their treatment, they would have liked more information about the parking arrangements. The practice had one treatment chair that was in a private room and another three that were in an "open plan" arrangement in the basement.

Assessments and examinations were carried out and decisions were made as to whether orthodontic treatment was required. Treatment options were discussed with people. People who use the service told us that their treatment was "good" and one person told us that their child's treatment "exceeded" their expectations.

The environment was clean and tidy on the day of the inspection and people who use the service told us that the practice was always clean. Instruments were appropriately decontaminated before re-use and stored safely.

Staff had undertaken training in basic life support and infection control and most were up to date with their continuing professional development. Most staff were formally appraised on their performance every six months.

Feedback questionnaires were available in the waiting area and the provider made changes to the service following people's suggestions. Clinical audits were carried out and we saw examples of record keeping and waiting times audits.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who use the service were given appropriate information regarding their treatment. Detailed information about the practice was available from its website. There were information leaflets on-site that were specific to the various treatments available. Staff explained procedures to people who use the service and the practice was awarded the "BDA Good Practice Scheme" certificates in 2012 and 2013. People told us that staff gave them adequate information about their treatment and costs.

One person said that although they were given sufficient information about their treatment, they would have liked more information about the parking arrangements. It was clarified with staff that information about the parking arrangements was sent to people along with their appointment letters. Some people reported not having their telephone messages returned and not being told that there would be a delay in their appointment. People also said that the waiting area in the basement was "very cramped".

Peoples' diversity, values and human rights were respected. The practice had an Equality and Diversity policy which aimed to achieve equality of care. The practice had one treatment chair that was in a private room and another three that were in an "open plan" arrangement in the basement. This arrangement did not always ensure people's privacy of their treatment and conversations. A dental nurse was always present during treatment and parents or guardians were allowed to be present with their children during treatment. People described the staff's attitude as "friendly and helpful".

The practice was accessible to some people with mobility problems via a portable ramp to the ground floor. However, as the practice did not have full access to people with mobility problems, such people could be seen at one of the provider's other practices. People who spoke limited English often attended with an interpreter and staff also spoke many languages. There were arrangements in place to access translation services if required.

The provider may find it useful to note that people's treatment and conversations could be seen and overheard by others in the treatment area in the basement.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. One orthodontist told us that people completed a medical history questionnaire and their referral information was reviewed before examinations were carried out. Assessments and examinations were carried out and decisions were made as to whether orthodontic treatment was required. If a decision was made to proceed with treatment, investigations such as photographs and X-rays were performed if appropriate. Treatment options were discussed with people.

The orthodontist told us that both NHS and private patients were given written copies of their treatment plans. Follow up appointments were arranged as required. The provider liaised with referring dentists in order to share information and test results. People who use the service told us that their treatment was "good" and one person said that they were "very pleased" with the quality of care that they received. One person told us that their child's treatment "exceeded" their expectations and another described staff's attitude as "very caring".

There were arrangements in place to deal with foreseeable emergencies. The practice had a medical emergency notice that described what the procedure was. Staff had attended training in basic life support and knew what to do in the event of an emergency. There was suitable equipment and medicines to deal with medical emergencies including oxygen and staff knew where these were kept. Emergency medicines were checked and recorded on a weekly basis, whilst the oxygen cylinder was checked on a monthly basis to ensure that they were in date and in good working order.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The practice manager was the nominated person to lead on infection control which ensured there was a named person responsible for overseeing standards and practices. There was an infection control policy that included procedures for the decontamination of instruments and staff had attended infection control training.

The environment was clean and tidy on the day of the inspection and people told us that the practice was always clean. There was a separate decontamination room that had identified areas to ensure that clean and dirty instruments were kept separate. Used instruments were soaked in purified water before being cleaned in an ultrasonic bath. Instruments were then rinsed with tap water and inspected using an illuminated magnifying glass before sterilization in a non vacuum autoclave.

Sterilized instruments were dried with a lint free cloth, packaged and stored for a maximum of 21 days, which ensured that they would not become contaminated before re-use. Disposable gloves and aprons were available for staff to use during the decontamination process. There was a separate hand washing sink in the decontamination room.

Decontamination audits in accordance with Health Technical Memorandum 01-05 were carried out every four to five months. This audit details the government standards for decontamination in dental practices. The autoclave was checked daily and the ultrasonic bath weekly to ensure that they were working effectively. A risk assessment for legionella bacteria in the water supply system at the practice was carried out in November 2012. Required actions had been implemented. Staff told us that water lines were flushed on a daily basis. Sharps bins were correctly assembled and there were appropriate mechanisms in place for handling and disposing of clinical waste.

The provider may find it useful to note that used instruments were not soaked in detergent prior to cleaning in the ultrasonic bath, as required by the HTM 0105 standard.

## Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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### Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### Reasons for our judgement

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Staff received appropriate professional development. The practice was staffed by orthodontists, orthodontic therapists, dental nurses, a practice manager, receptionists and administrators. Staff had undertaken training in basic life support and infection control and most were up to date with their continuing professional development. Two orthodontists told us that they had attended conferences and courses in child protection, safeguarding vulnerable adults and dealing with difficult situations. The practice manager carried out checks to ensure that staff had attended relevant courses.

Dental nurses and orthodontic therapists worked under supervision by the orthodontists. Most staff were formally appraised on their performance every six months, although some appraisals were overdue. Staff learning objectives for the coming year were identified during appraisals. Staff told us that they enjoyed working at the practice and felt well supported.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service were asked for their views about their care and treatment. Feedback questionnaires were available in the waiting area and the provider made changes to the service following people's suggestions. Satisfaction surveys were carried out separately but had recently commenced, so an analysis had not yet been made.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The dentist carried out assessments and treatments of people who used the service. Clinical audits were carried out and we saw examples of record keeping and waiting times audits. Evidence showed that equipment was appropriately maintained. There were local rules for the X-ray machine, which was displayed in the X-ray room.

There was a complaints handling procedure and a log of all complaints was kept. There was a business continuity plan that gave staff instructions on what to do in the event of adverse incidents.

The provider may find it useful to note that although a fire risk assessment had been carried out, the premises did not have a fire alarm.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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