

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

## Watford Orthodontics Ltd

Unit B, Wilmington Close, Watford, WD18 0FQ

Date of Inspection: 12 February 2014

Date of Publication: March 2014

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>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Watford Orthodontics Limited
Registered Manager	Dr. Daljit Gill
Overview of the service	<p>Watford Orthodontics Ltd is a specialist orthodontics dental service. The services provided include examination, imaging and the attachment of fixed appliances relating to orthodontic dentistry. The service does not provide extraction or dental surgery of any kind. People who use the service must be registered with another dentist for the provision of general dental care and treatment. The service mainly provides NHS treatment to children referred by their main dentists. However, privately funded treatment is available at the service.</p>
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

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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 12 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with children using the service on the day of our inspection. All of the children were accompanied by family members or guardians who we also spoke with. People said that the dentist and other staff provided very good explanations and advice about their care. People said they felt the treatment rooms were very clean. They told us they felt the dental staff team were professional and capable and they had never needed to complain about the service. One person said: "The service is very friendly and efficient." Another person said: "I've been impressed with this service throughout coming here."

During our inspection, we saw that lots of general and treatment specific information was available for people using the service. We found each person's chronology of treatment had been well documented. We found that each person had their medical history and any risk factors specific to them reviewed and recorded. We saw that arrangements were in place to deal with foreseeable emergencies, including the provision of items for use in an emergency.

We found that staff were appropriately qualified and registered and receiving professional development relevant to their roles. We saw the environment appeared very clean and found the service had effective systems in place to reduce the risk and spread of infection.

We found the service had an effective complaints system in place. Comments and complaints people made were responded to appropriately.

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

The provider was meeting this standard.

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

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### Reasons for our judgement

Before our inspection, we saw that Watford Orthodontics Ltd had a comprehensive website providing information on the practice, staff and the services available. During our inspection, we saw information displayed in the waiting area, including private treatment charges and staff details. A practice information leaflet containing detailed information on NHS and private care and the appointments system was available from reception.

We saw that the service maintained a stock of specific treatment information sheets, including those on fixed orthodontic appliances and the risks of orthodontic treatment. The people we spoke with said they had been given the written information appropriate to their treatments.

All of the people we spoke with who had started their treatments, told us they had been provided with treatment plans. We saw that copies of their treatment plans, providing a breakdown of the course of treatment, were available with their treatment records. Completed and signed forms authorising people's NHS care and treatment were also available for all the NHS patients we spoke with.

All of the people we spoke with said they received good explanations and advice about their treatment and care from the dentist. Both the children and parents we spoke with said the information was conveyed in a way they found easy to understand. People told us that where a choice of treatment was available, the options were explained to them and their preferences were respected. They said they had the opportunity to ask questions and felt these were answered well by the dentist.

One parent of a person using the service said: "The [principal dentist] explains everything really well. He's so easy to understand and I can even phone him afterwards and ask him more." Another person said: "There were two options for [my child] which were both explained. I took [the principal dentist's] advice and I'm so glad I did. It's all worked out really well." One of the children we spoke with said: "He gave me a special brush to use

and showed me how to use it. He also told me about things I shouldn't eat or drink."

During our review of people's treatment records, we saw detailed examples of discussions with each person and/or explanations and advice provided by the dentist were recorded. This meant that people who use the service were given appropriate information and support regarding their care or treatment and understood the care and treatment choices available to them. It also demonstrated that people expressed their views and were involved in making decisions about their care and treatment.

**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.

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

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**Reasons for our judgement**

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During our inspection, most of the people we spoke with said they could recall completing a form with details about their medical histories when they started using the service. They said the dentist checked their medical details regularly. We looked at the treatment records of the people we spoke with. Each record contained a completed medical history form, including details of any allergies experienced or medications taken. We saw that the information was checked and reviewed regularly by the dentist.

The records of each of the people we spoke with also showed they received an examination and review of the progress of their treatments on each visit. The records demonstrated that when people reported concerns about, or irritation from their retainers or braces, action was taken to resolve the issues. In the case of children, we saw that full treatment was not started until the shedding of primary (baby) teeth and their replacement by permanent teeth (a process called exfoliation) was complete.

One parent we spoke with said: "[My child] had a remarkably thorough background check completed by [the principal dentist] when we first came here." Another person said: "[My child] had a full examination on the first appointment. The treatment isn't rushed. Nothing is done until the time is right." All of the children (all at various stages of treatment) and parents we spoke with said that, at the time of our inspection, all of their treatments had gone according to plan. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw the service had an equality and diversity policy in place detailing its commitment to achieving equality of experience for people using the service, regardless of such things as physical disabilities. We found the service was accessible at ground level, with step free access to the reception and waiting area. All of the treatment rooms and patient areas, including toilets were at ground level. This meant that people who use wheelchairs or experience other mobility issues were not prevented from using the service as it had been designed to be accessible to them.

During our inspection, we checked the items provided for use in an emergency, including oxygen, a defibrillator and an emergency drug kit (including adrenaline), and found them to



be within their expiry dates. During our review of documentation, we saw certificates of attendance/completion that confirmed staff had attended medical emergencies and/or basic life support training, including Cardiopulmonary resuscitation (CPR). This demonstrated there were sufficient arrangements in place to deal with foreseeable emergencies.

**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 cared for in a clean, hygienic environment and 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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During our inspection, the people we spoke with said they felt the treatment rooms were very clean. They told us they were aware of staff wearing such things as gloves and removing instruments from packaging (indicating they were sterilised) during their treatments. One person said: "When I look around, it all seems very clean." Another person said: "The cleanliness is very apparent. There's always someone cleaning."

We saw that all areas of the modern surgery appeared very clean. Personal Protective Equipment (PPE) such as gloves, were readily available. The treatment rooms we looked at had dedicated hand wash facilities, including access to liquid hand wash and paper towels. We checked a sample of 18 instruments packaged and ready for use in two treatment rooms and found they were all within their expiry dates.

Although qualified dental nurses were present, we spoke with two trainee dental nurses about the infection control measures in place at the service. They demonstrated a very clear understanding of how, when and what to clean following each patient appointment. We saw the products used during cleaning such as disinfectant sprays were readily available. This demonstrated there were effective cleaning systems in place to reduce the risk and spread of infection and assist in protecting the safety and wellbeing of people who use the service.

During our review of documentation, we saw an infection control policy was in place. We also saw the service had completed an audit of all its cleanliness and infection control processes in August 2013. The provider may find it useful to note that the audit was overdue being repeated by one month. Also, there was no action plan in place to resolve the few areas identified as requiring improvement. However, during our conversations with staff, we found that any improvements required had been discussed in the staff meetings and infection control practice had changed as a result.

We saw the dental nurses' uniforms appeared clean and they demonstrated a clear understanding of the requirement for washing their uniforms separately on a hot wash. During our review of staff files we saw the service maintained up to date records of the appropriate immunisations (including Hepatitis B) for the staff we checked.

We saw that the service completed and maintained records on the appropriate tests, to ensure its instruments sterilisers (autoclaves) were sterilising effectively. We also looked at engineer examination reports and test certificates which showed the autoclaves had been tested as operating satisfactorily in April 2013 and January 2014 respectively. We asked the two trainee dental nurses to demonstrate the process used at the service to sterilise instruments. The process described by the trainee nurses, combined with the design of and equipment provision in the decontamination room, meant there was an effective system in place to ensure instruments were cleaned and sterilised appropriately.

We saw there was an effective system in place for segregating waste, including the provision and appropriate use of sharps bins and clinical waste bags. The waste collection agreements available at the service demonstrated a suitable system was in place to dispose of the waste correctly.

The trainee dental nurses we spoke with told us the dental unit water lines (DUWLs) were flushed (the continuous running of water for a period of time designed to reduce bacterial growth in water lines and pipework) for the required amount of time at the beginning of each surgery day. They showed us the bactericidal (disinfectant) solution they used as part of the process. We looked at the records maintained by the nurses in two of the treatment rooms which confirmed the flushing process was completed daily.

We looked at the service's Legionella risk assessment completed in June 2012. The assessment concluded the service was low risk. We saw the principal dentist was completing monthly checks of the hot and cold water temperatures at the service and these met requirements. This meant systems were in place to reduce the risk of a contaminated water supply and assist in protecting the safety and wellbeing of people who use the service.

**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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During our inspection, the people we spoke with said staff at the service were professional and capable. They told us they felt the service provided by them was very efficient. The children we spoke with said they felt the team, including the principal dentist, were friendly and nice.

We spoke with the principal dentist about his background and qualification. He told us he was qualified with a bachelor of dental surgery degree and had completed five years of specialist and higher specialist orthodontics training. This had gained him a Fellowship of Orthodontics (Royal College of Surgeons) diploma. He said he divided his time between working as the principal dentist at Watford Orthodontics Ltd and working as a consultant and clinical supervisor in two separate London NHS trust roles. He said his appraisal was completed as part of his role with Great Ormond Street Hospital for Children NHS Foundation Trust.

He told us he completed all the mandatory (essential) training as part of his NHS role. As a member of the British Dental Association (BDA) and British Orthodontic Society (BOS), he said he had access to further training, seminars and events relevant to his role. We looked at certificates of attendance/completion that confirmed he had attended courses including the verifiable (essential) elements of his continuing professional development (CPD). This included radiation compliance and cross infection control training. He had also completed training relevant to his role including facial aesthetics and interceptive orthodontics.

From our review of the personnel files of a qualified dental nurse, a dental therapist and two trainee nurses at the service, we found they had received an annual appraisal of their performance and professional development at some point in late 2013 or early 2014. We saw that the two trainee nurses were completing or enrolled to complete a dental nurse qualification. We also saw that staff attended training such as dental decontamination, cross infection control, the safeguarding of vulnerable adults and child protection (the awareness of child abuse and neglect). This meant that staff received appropriate professional development.

During our review of staff files, we found that qualified staff at the service present on the

day of our inspection had personal identification numbers (PIN) of registration with the GDC. We checked the details of their registrations and found they were appropriately registered as a dentist and dental care professionals respectively at the time of our inspection.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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During our inspection, we saw the service had two complaints policies in place; one for privately funded patients and one for NHS patients. Both policies detailed the service's full complaints process including staff responsibilities and timescales. Details of how people could escalate their complaints if they were not satisfied with the initial outcome were included.

We saw that a summary of the complaints process was displayed in the waiting room. This included details of how people could contact NHS England (for NHS patients) or the Dental Complaints Service (for privately funded patients) with complaints about dental services. This meant that people were made aware of the complaints system. This was provided in a format that met their needs.

All of the people we spoke with said they had no complaints about the service. A relative of one person reflected the views of those we spoke with saying: "I've been really impressed with the service throughout. I've been pleased with the dentist and his work."

We looked at the details of the only complaint about the service in the past year. We saw that a complaints log (cover sheet) had been completed with the main details of the complaint, action taken by the service and the outcome at that time. The log was accompanied by all the correspondence relating to the complaint, including a full response by the principal dentist with explanation, clarification and an apology where necessary. We saw that no further action had been taken by the complainant at the time of our inspection. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## 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.

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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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