

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

## Smile101 - Specialist Orthodontic Centre

118 St Leonards Road, Windsor, SL4 3DG

Tel: 08454564245

Date of Inspection: 27 September 2013

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

<b>Consent to care and treatment</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	Smile101 Limited
Registered Manager	Dr. Sheila Chauhan
Overview of the service	Smile 101- Specialist Orthodontic Centre provides private specialist orthodontic treatment to adults and children.
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	7
Cleanliness and infection control	9
Supporting workers	11
Assessing and monitoring the quality of service provision	13
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## 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 27 September 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

---

We spoke with two patients during our visit to the service and two patients by telephone following our visit. People were generally highly complimentary about the treatment they received from the practice. They made a number of positive comments about the quality of the services and the friendliness, professionalism and approachability of staff. One person told us "I'm absolutely thrilled with the results. An outstanding service from an excellent practice." Another person said "There is no hard sell. They suggest you go home and think about it." One person said "They don't put pressure on you to make an expensive choice. All the options are explained."

We found the provider met the outcomes we inspected and had systems in place to monitor their compliance with regulations. Patients were asked for their feedback about the quality of services and the practice acted on any information received. Regular audits were carried out to ensure the practice maintained people's health, safety and welfare.

Consent was sought at the outset of treatment and information was provided to people about treatment options. People's medical and dental health needs were accurately documented. We saw the practice was clean and well maintained and the staff followed appropriate infection control measures. Staff were trained and professional.

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](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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

---

### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the records of four patients. We saw that people entered into a contract with Smile 101 at their second visit to the practice. Patients told us the initial consultation was free and there was no pressure or obligation on the patient to purchase the service. The practice told patients what they could expect from the service and their obligations to attend for treatment at regular intervals.

The practice provided private treatment to both adults and children. We saw signed consent forms for adult patients. We saw the consent forms for children had been appropriately signed by a parent or guardian. Staff told us they were aware treatment could be refused and patients had the right to withdraw consent after it had been given.

We saw from the records the dentist carried out a detailed examination of patients' oral and dental health which sometimes included taking x-rays. The practice used a hospital nearby to provide an orthopantomograph (OPG) which was an advanced x-ray that showed the entire jaw line, bone and dental nervous system. Consent for x rays was sought from the patient themselves or in the case of children from their parents or guardians.

Photographs were taken at the first examination along with impressions. The records showed us the dentist had considered all possible options for treatment and had discussed them with the patients and/or their parent or guardian. Patients were informed about the risks and benefits of various treatments. A treatment plan was agreed and drawn up. Patients told us they were always given a copy of the treatment plan along with a detailed breakdown of the costs involved.

The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was routinely sought from the child's parent or guardian before

treatment began. All of the staff had received appropriate training in safeguarding children and vulnerable adults and the service had a manager who took the lead in such matters.

**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**

---

People were complementary about the service provided by Smile 101. One person who was receiving a service told us by telephone "I would have absolutely no hesitation in recommending them to a friend. I have received excellent quality treatment." Another person told us "I have been really happy with the treatment. I believe the costs are reasonable too"

One person said "I was seen very quickly. I only waited a couple of weeks for my brace to be fitted." They went on to say "A first class service. I have been really happy with the way staff have treated me. They are truly skilled and professional."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they had either self-referred to the service or been referred by their dentist for specialist orthodontic treatment. We saw referral letters on patient's files that provided a brief outline of their needs. The practice dealt mainly with adults. However, children could choose to be treated by the practice on a private basis. Initially patients were seen for a free 45 minute consultation with the orthodontist to discuss their needs. They were offered a choice of treatments and were provided with details of the costs involved. People were offered recall or follow up appointments when necessary and to meet their individual circumstances.

We spent time with the principal orthodontist, the receptionist and the nurse. They told us people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

We saw from the records of three people who attended for treatment, they were asked about their dental and medical history. All patients and/or parents or guardians were asked to update and sign a medical questionnaire at the start of their treatment. Detailed records were kept of each visit. If necessary patients would be referred back to their referring dentist for extractions and/or other treatment before their orthodontic treatment began.

We were told by patients that questions and explanations about treatments were discussed with children in an appropriate and child-friendly manner. One person told us "The orthodontist was very good. They explained everything very clearly. The choices of

treatment were easy to understand."

Staff told us they had been trained to deal with medical emergencies and there was guidance and protocols for staff to follow. Resuscitation equipment and drugs were available on site and staff told us they had received basic life support training. We found the equipment had been checked as required and all drugs were in place and in date. This showed us 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 protected from the risk of infection because appropriate guidance had been followed. People 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. People who used the service told us they thought the practice was clean and well maintained. There were policies and procedures in place to help prevent or reduce the risk and spread of infection. We saw these were being followed by staff. A dental nurse showed us the decontamination procedure. We were told the practice was thoroughly cleaned on a daily basis and the dental nurses were responsible for cleaning the surgery between patients. The dental chair, all surfaces and equipment were cleaned with disinfectant wipes between patients.

We were shown how instruments that required decontamination were processed. The consultation room was equipped with a steriliser. Instruments were scrubbed and immersed in enzyme cleaners before being cleaned manually, rinsed and inspected under a magnifying glass. The instruments loaded into a steriliser. Following sterilisation the instruments were removed from the steriliser, labelled, dated and put onto treatment trays.

The service was compliant with the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We were told by the principal orthodontist and shown architects plans for, the creation and development of a separate decontamination room in the practice. When completed a washer/disinfector would be installed into the decontamination room. This would provide an automated and validated process for the effective cleaning of instruments and would achieve 'best practice' standards.

The service carried out regular infection control audits to ensure appropriate standards of hygiene were being met by the practice. The results of the most recent audits undertaken in March and August 2013 were seen. They showed us infection control procedures at the practice were effective.

We saw from records that clinical waste including sharps boxes were stored securely and removed from the premises by a recognised waste contractor.

All equipment was serviced in accordance with the manufacturer's requirements and tests

were carried out daily to ensure they were operating effectively and safely. Instruments were stored in line with guidance. There were records made at each stage of the process as required. This provided evidence all the required periodic checks were in place to protect people who used the service from harm.

We saw there were supplies of protective clothing, including, masks, visors, aprons and gloves available for staff to use when carrying out treatment.

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

---

## **Our judgement**

---

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.

---

## **Reasons for our judgement**

---

Staff received appropriate professional development. We were shown the separate induction programmes for newly appointed nurses. We were told by the staff that new staff completed a period of shadowing more experienced staff before working unsupervised.

We saw the training files of a qualified dental nurse during the inspection. The principle dentist told us the nurses took responsibility for their own continuing professional development (CPD). They completed 150 hours of training over five years, 50 hours of which were verified, in order to maintain their registration. The training included topics such as law and ethics, radiation, medical emergencies, safeguarding, infection control and decontamination. In addition the practice's nurse had undertaken more specialised training in orthodontic procedures. The nurse told us they had recently completed an orthodontic course and a course for taking silicone impressions.

Dentists at the practice had completed a minimum of 250 hours of training in 5 years, 75 hours of which was verified, in order to keep informed about new developments in the field of dentistry. We were shown copies of their key training certificates to evidence this training had taken place.

Staff maintained their required hours for continued professional development (CPD). This ensured that dental staff were meeting the requirements of the General Dental Council (GDC) to maintain their registration.

All of the staff completed annual training courses in mandatory subjects to enhance their knowledge and skills. Training had been provided in the last year in resuscitation, safeguarding adults and children including the Mental Capacity Act 2005 and infection control procedures. We spoke with the receptionist who confirmed they had opportunities to take part in training sessions. They felt involved and valued as part of the team.

We saw the minutes of staff meetings which were held quarterly. They were patient focused and followed a shared agenda. Staff met to discuss new policies and procedures and ways of working. Occasionally visiting dental professionals were invited to speak at 'lunch and learn' sessions. These provided opportunities for staff to learn about new products and treatments that were available in the field of dentistry. We were shown the

agenda for the forthcoming 'group practice' meeting which was planned for 4 October 2013. The meeting would focus on refresher training in resuscitation and infection control.

Staff told us they enjoyed working at the practice and felt involved in the way the service was delivered. Staff had been appraised and there were records of appraisal meetings.

## 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, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were told by the principal orthodontist that patients were frequently asked if they were happy with the quality of care and treatment they received at the practice. The practice had copies of patient's testimonials that complimented the quality of care provided by the practice. The testimonials showed a high level of satisfaction with the quality of the service provided. Comments made by patients included "I was referred to X by my dentist and was struck by the warmth and professionalism of the practice and the wonderful team." Another person commented "I am a very nervous patient and have very sensitive teeth but X and the team were very patient and really looked after me." The results of patient's feedback were discussed at the regular practice meetings to identify where improvements in service could be made.

A number of regular audits took place at the practice to ensure patient safety. The practice regularly audited the record system, infection control procedures, and training records. The most recent infection control audits for March and August 2013 were shown to us. They evidenced the service was following appropriate infection control guidelines.

The people we spoke with were all very satisfied with their treatment and the standard of care they had received. They told us they felt confident they could complain if they wanted or needed to as they felt staff were approachable and kind. However, none had actually made a complaint to the service as they were all entirely happy with the quality of their care. The practice had policies and procedures in place about dealing with complaints. Information was provided to patients in a user-friendly format and was on display in the waiting room. However, no complaints had been received by the practice.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---