

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

## Mews Dental Clinic

Station Road, Godalming, GU7 1JE

Tel: 01483414128

Date of Inspection: 05 June 2013

Date of Publication: July 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>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mews Dental Clinic
Registered Manager	Mrs. Elizabeth Reeves
Overview of the service	Mews Dental Clinic provides private dental care. It provides NHS dental treatment for children one afternoon per week.
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 5 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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Thirteen people completed a questionnaire about the service on the day of the inspection and we spoke with four of these people. People we spoke with said "I cannot fault it I am quite satisfied." People also made the following comments about the service "Very thorough, efficient and hygienic" and "I am totally satisfied with the quality of the service received."

We found that people had been provided with information about both the service and their individual care. People told us that they felt that they had been provided with plenty of information and that the options had been fully explained to them.

People had been provided with clear treatment plans that had been based on their assessed dental health care needs. People's medical history had been checked regularly and they had been provided with information about aftercare.

The practice was clean and there were policies and processes to ensure that the risk of infection had been effectively managed.

The provider had implemented a recruitment policy and staff checks had been made on staff prior to their recruitment.

The provider regularly sought the views of people.

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 privacy, dignity and independence were respected.

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

People who used the service were given appropriate information and support regarding their care or treatment.

We spoke with four staff who informed us that people had been able to access information about the service in a variety of ways. They told us that information was available to people via the provider's website. They informed us that when people had contacted the clinic, they were told about the services offered and advised that adult dentistry was only available on a private basis. People were also informed about the hours that the clinic operated, the cost of an initial consultation, how long the consultation would last and what it involved. Staff told us that people had been provided with an information pack. We saw that this pack contained a welcome letter about the service, a quality statement, details of the fees payable, a smile wish list for people to document any issues about their oral health care needs and a medical history form. We saw that the quality statement, a clinic leaflet and details of the fees had also been displayed in the clinic waiting room. This meant that information was readily accessible to people.

We spoke with staff who informed us that people had been provided with verbal information about their dental health and oral health needs. They told us that they also used an intraoral camera to take photographs, which could then be shown to the person on a monitor in the surgery to enable them to see the identified issue for themselves. We spoke with people who told us "I was provided with a lot of information." We also observed a dentist whilst they completed a person's consultation. The person requested information with regards to a specific treatment that they had been considering. We heard the dentist provide the person with comprehensive information about the treatment. They discussed the treatment, the options available and the associated risks. We saw that the person had been provided with a leaflet about the treatment. The person told us that the dentist had previously shown them visual information about the treatment on the surgery computer

screen. They told us that the information they had been provided with had enabled them to understand the treatment more clearly. This meant that the dentist had provided involved the person in making decisions about their treatment.

We reviewed the records for three people who used the service and saw that people had been provided with a written treatment plan. This documented what treatment was proposed and the fees payable. We spoke with two people who informed us that they had received a written treatment plan and that the costs had been explained to them. One person said "Costs are given on paper when leaving the surgery". This meant that information about the service and their treatment had been provided to people.

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three people who told us that they felt involved in making decisions about their dental care. One person commented "We discuss the treatment decisions in full". We spoke with staff who told us that they discussed both the short-term and long-term treatment options with people in addition to any associated risks. They told us that people had been given time to consider their options. We observed a consultation and heard that the person was provided with information and encouraged to consider whether they wanted to proceed and to let the clinic know once they had reached their decision. We also observed a second consultation and heard that the dentist encouraged the person to express their views with regard to what they felt their oral health care needs were. This meant that people had been involved in making decisions about their care.

People's diversity, values and human rights were respected.

We reviewed the providers' equality and diversity policy which was dated February 2013. We also saw that the provider had completed a disability access audit. We spoke with staff who told us that the ground floor of the building was accessible to people with a physical disability. The hygienist's surgery was located on the first floor and staff informed us that if people had been unable to access this floor then they had been able to make arrangements for the hygienist to see people in a ground floor surgery. We observed that a person with a physical disability visited the clinic on the day of the inspection. We spoke with them and they informed us that the clinic had "Good disability access". The registered manager informed us that the staff team had learnt about various health conditions within their staff meetings, these included dementia, mental illness and sight impairment. This was to enable staff to understand people's needs. This meant that the provider had taken into account people's individual needs in the provision of the service.

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

We spoke with staff who told us that when people booked an initial consultation they had been asked to complete a questionnaire with regards to their medical health, which they brought to their appointment. Staff explained to us that they discussed the content of the questionnaire with the person at their first appointment. They told us that people had then been required to update their medical history every six months. Staff showed us the medical history forms that people had been asked to complete for their initial appointment and for the six monthly update. We observed a consultation and saw that the dentist reviewed the person's updated medical form with them and asked questions about their health. This meant that the provider had ensured that people had been required to provide information about their health that might impact on the delivery of their dental care.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with staff who informed us that when a person had an initial consultation they checked what people's own expectations of their dental care were both verbally and by reviewing the person's completed 'smile wish list' with them. Staff told us that they then completed a full oral examination, took x-rays if this was clinically required and oral photographs if required. We reviewed the electronic records for three people and saw that people had received an assessment of their dental care needs and that this had been documented. Staff told us that once they had assessed the person's dental health needs and discussed the range of treatment options with them, the person had then been provided with a written treatment plan. This meant that people had received a plan of treatment which had been based on their assessed needs.

We reviewed the treatment plans for three people and saw that they provided clear details of the treatment proposed for the person and the costs of the treatment. We spoke with the registered manager who informed us that if the treatment proposed was more costly, more complex or higher risk then people had been required to sign their treatment form to



indicate their written consent with the treatment plan. Staff informed us that for more routine treatment plans, people had been asked to consider the details of their treatment plan and then to book their appointment if they wished to proceed. We reviewed three people's records and saw that their verbal agreement with their treatment plan had been documented in their notes. We spoke with people who said that they had been provided with a copy of their treatment plan. This meant that people's needs had been assessed and that they had been provided with a treatment plan based on their assessment.

We observed two separate consultations. We saw that on both occasions the dentist confirmed with the person the treatment that they had agreed to receive at that appointment. We saw that on both occasions, the dentists explained to the person what they were going to do and checked with people throughout the treatment that they were comfortable. One person provided feedback to the dentist and they listened to the feedback and adjusted their treatment to ensure that the person was comfortable. We heard that the dentists provided people with advice about their after-care once their treatment had been completed. We also spoke with one person who told us that they had been provided with good information about their aftercare and another person said "Advice was given for maintaining healthy teeth". This meant people's care had been provided in accordance with their treatment plan and that they had been provided with information with regards to their aftercare.

There were arrangements in place to deal with foreseeable emergencies.

We saw that the provider had a medical emergencies protocol and an emergency collapse procedure in place. These documents provided staff with written guidance with regard to how to respond in the event of a medical emergency and their individual roles. We spoke with staff who told us that they had completed annual training in basic life support. We were also shown written records that demonstrated that staff had completed basic life support training on 15 November 2012 and management of medical emergency training on 21 February 2013. Staff showed us where the first aid kit, medicines and oxygen were stored. They also showed us written evidence that these had been checked regularly. This meant that the provider had ensured that appropriate measures had been taken to ensure that staff could respond in the event of a medical emergency.

**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.

People were cared for in a clean, hygienic environment.

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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.

We spoke with people who told us that the standard of cleanliness was "Excellent," people also commented "They are always spotless." We inspected the three surgeries and found that they were very clean as was the waiting room and the clinic in general. This meant that people were satisfied with the level of cleanliness of the practice.

We saw that the provider had an infection control lead and an infection control policy that had been reviewed in March 2013. We saw that this covered the areas of minimising blood-borne virus transmission, decontamination, cleaning, sterilisation, work surfaces/equipment, impressions, hand hygiene, clinical waste disposal, personal protective equipment, blood spillage and environmental cleaning. We spoke with staff who told us that they had been required to read and implement the infection control policy. Staff told us that they had been required to undergo annual infection control training and we were shown written evidence which confirmed staff had undertaken this training. Staff also told us that infection control was an agenda item at the regular team meetings and we were shown the meeting minutes. This meant that staff had been required to undergo regular infection control training, this area had been regularly discussed during staff meetings and staff had been provided with written guidance about infection control at the clinic.

We observed two dentists whilst they provided people's treatment. We saw that personal protective equipment was available for staff and this was worn throughout. We saw that people were also provided with appropriate protection whilst they received their treatment. We saw that once the treatment had been completed, staff cleaned the equipment and the surfaces thoroughly ready for the next person. This meant that staff had been observed to follow the correct processes in order to ensure that the risk of infection had been managed and reduced.

Staff showed us the decontamination room and explained to us the processes whereby

clinical items had been decontaminated. We saw that there was a 'dirty' side of the decontamination room where items had been placed prior to decontamination and a 'clean' side where items had been placed once they had been decontaminated. Staff explained to us that items were transported between the surgeries and the decontamination room in labelled boxes. This was to ensure that it was clearly visible whether items were 'clean' and ready for use or 'dirty' and required de-contamination.

Staff explained to us that they wore personal protective equipment whilst they processed items ready for re-use. Staff explained to us the processes and equipment that they used to de-contaminate the equipment ready for re-use. They also told us how often the de-contamination equipment had to be tested and showed us written records that showed that the required tests had been completed and documented. Staff showed us the beginning of the day and end of the day instruction sheets for the decontamination room that they were required to follow to ensure that the correct checks had been completed. They also showed us the cleaning checklist log that they maintained, which provided evidence of the cleaning that had been completed. Staff informed us that the instruction sheet and the cleaning logs had also been used in each surgery to provide them with guidance on the infection control procedures for the surgeries and to document the cleaning that had taken place. Staff showed us these documents in one of the surgeries. Staff told us that they had completed infection control audits every six months. We were shown the last audit which had been completed in May 2013. This meant that the provider had facilities and processes in place to ensure that clinical items had been correctly processed.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

There were effective recruitment and selection processes in place.

We reviewed the providers' recruitment policy which had been reviewed in January 2013. We saw that this stated the process by which new staff had to be recruited to the clinic.

We spoke with staff about their recruitment and they told us that they had been required to provide a copy of their curriculum vitae (CV) as part of their application process and that they had then been interviewed. They informed us that they had been required to provide proof of their identity and had completed a Disclosure and Barring Service (DBS) check (this was formerly known as a Criminal Records Bureau check).

We reviewed the recruitment records for three members of staff. We saw that all staff including the reception staff had undergone a DBS check. We saw that two members of staff who had been recruited within the past 18 months had a copy of their CV or a fully completed application form on their files. There was also documentary evidence of their interview process and evidence that references had been taken up. We saw evidence of the professional registration of staff. We saw that the third member of staff had been recruited over four years ago. We were unable to locate this staff member's application form or to find evidence that their references had been taken up. We spoke with the registered manager about this, who informed us that the staff member had provided these items at the time of their interview however they could no longer locate them. We were assured by the evidence contained within the recruitment records for the other two members of staff, speaking with staff and the recruitment policy, that the provider had implemented effective recruitment processes.

## 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 received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

### Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with staff who informed us that they sought the views of people through the use of feedback forms. Staff told us that they had asked between two and five people to complete the feedback forms each day. They aimed to ask all people to complete a feedback form on an annual basis and documented when people had last completed a form. Eight people confirmed on their questionnaires that they had completed a feedback form. We saw that the provider had completed a monthly analysis of the feedback forms completed. This identified comments people had made about the service, strengths and weaknesses of the service, proposed action and the date feedback had been given to staff. We spoke with staff who informed us that the results of the feedback forms had been discussed with them at their monthly staff meetings to enable them to reflect on the quality of the service they had provided and to identify areas for improvement. This meant that the provider had processes in place to seek the views of people and that they had used these to improve the service.

We spoke with staff who told us that there had been regular staff meetings. We spoke with staff who told us "I feel very able to give my feedback." This meant that staff had the opportunity to provide their feedback on the service.

We saw that the provider had audited a range of aspects of the service these included disability and access, record keeping, radiography, safeguarding, health and safety, waste disposal and cross infection control. They had also audited patient waiting times, patient referral systems, confidentiality, recruitment and consent. We saw that on each audit they had defined the aims and objectives of the audit, the methodology used and identified outcomes and action points. This meant that the provider had audited a range of aspects of the service.

## 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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