

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

## Royal Mews Dental Practice

17 Royal Mews, Southend-on-Sea, SS1 1DB

Tel: 01702352450

Date of Inspection: 12 February 2013

Date of Publication: March 2013

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

**Respecting and involving people who use services**



Met this standard

**Care and welfare of people who use services**



Met this standard

**Safeguarding people who use services from abuse**



Met this standard

**Cleanliness and infection control**



Met this standard

**Supporting workers**



Met this standard

**Assessing and monitoring the quality of service provision**



Met this standard

## Details about this location

Registered Provider	N G Fraser And Associates Limited
Registered Manager	Mr. Neale Fraser
Overview of the service	Royal Mews Dental Practice is an established dental practice situated close to the High Street in Southend on Sea. The practice offers a range of private treatments. The practice does not offer NHS treatments,
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 unannounced 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 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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We looked at the arrangements in place for monitoring and improving the quality and safety of the service.

People we spoke with told us that they were very satisfied with the service they received at the dental practice. There were arrangements in place for regularly obtaining the views and experiences of patients as part of monitoring and improving the quality of the service and the results of these surveys were made available to people so that they were aware of any actions to be taken to improve the service.

We saw that regular audits were carried out to test the quality and safety of the service. These included monitoring patient records to ensure that they were accurate and up to date in relation to the treatment provided to patients. Checks were carried out to test the efficiency of infection control measures within the practice. There was a process in place for reporting and investigating serious untoward incidents and adverse events. Risk assessments were carried out on the environment to ensure that the premises were fit to provide safe treatments. These checks showed us that measures were in place to monitor the quality and safety of the service and to make improvements where required.

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

We looked at the arrangements for ensuring that people who used the service were treated with respect and involved in making decisions about the treatments they received.

People we spoke with told us that they were always treated well by all staff and that they were involved in making decisions about the treatments they received. People told us that treatments and choice of treatment was always explained to them in a way that they could understand. The practice manager told us that monthly surveys were carried out to gauge patient's satisfaction with the service they received. From the results of the most recent survey carried out in January 2013 we saw that people expressed that they were very satisfied with how they were involved in making decisions about their treatment.

The reception area was open and the practice manager told us that one of the surgeries, the waiting room on the first floor or their office was available for people to discuss any matters with staff in private. There was information available to people about the practice in the form of a leaflet and the practice website. People could choose to book appointments online if they chose to do so and a list of treatment prices was available. We saw that there was a range of information leaflets available in the waiting area, general health information, such as smoking cessation and the results of audits. This helps people to make informed choices in relation to their care needs.

Each person had a treatment record, and those seen demonstrated patient involvement in decisions. These were detailed records made about discussions with people and the choice of treatment options available. This showed that people's views were taken into consideration and that they were involved in making decisions about their care and treatment.

The surgery building is compliant with the Disability Discrimination Act and is therefore accessible for people with disabilities. The practice was accessible to wheelchair users by means of a ramp and there was a surgery and toilet facilities available on the ground floor.

**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 received care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the arrangements in place for ensuring that people received safe and appropriate care and treatment.

People we spoke with told us that they were very happy with the treatments and advice they received. One person told us " They have been really brilliant. Everything is explained to me and all my questions are answered."

Another person told us " They are very thorough with oral check-ups and always ask if there have been any changes to my medical history."

We looked at the dental records for four patients. These were detailed and included details of each person's medical history, known allergies and previous dental treatments. We saw that records were made in relation to soft tissue checks, x-rays and the range of treatment options available. Patient's opinions and choice of treatment was recorded. This showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

All staff were up to date with resuscitation training and the emergency drug box, defibrillator and oxygen are properly stored, in date and certificated, which showed that the dentist had planned for any foreseeable emergencies.

X-ray equipment was situated in a suitable area and x-rays were carried out safely and in line with local rules that are relevant to that practice and equipment. There was a radiation protection advisor and a radiation protection supervisor in place to ensure the safe operation of the equipment to protect people who required x-rays to be taken as part of their treatment.

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

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because reasonable steps had been taken to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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We looked at the arrangements in place for protecting people from the risk of abuse.

People we spoke with told us that they felt confident and safe when receiving treatments.

We saw that the service had appropriate policies and procedures in place to safeguard adults and children from the risk of abuse. There was also a policy around under-performing and whistle blowing to help assure staff that they could raise concerns about poor practice without fear of repercussion or recrimination. This showed us that staff were supported to recognise abuse and to report any concerns.

Staff we spoke with told us that they had undertaken safeguarding training and they had information about how to report any concerns to the local authority social services safeguarding team. The practice had systems in place for monitoring accidents, incidents and near misses so as to protect people from the risk of harm or injury. This showed us that there were arrangements in place to minimise the risk of abuse or harm to people who were using the service.

**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 and there were effective systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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We looked at the arrangements in place for reducing the risks and spread of infection.

People we spoke with told us that they always found the practice to be very clean. The areas we visited in the practice were clean and well maintained.

At the time of our visit the decontamination area was due to be refurbished so that it fully met the requirements of the Department for Health's guidance Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The new decontamination area was due to be completed by March 2013. Decontamination equipment was maintained and serviced within the timescales set out by the manufacturers.

Staff we spoke to were well presented and wore clean uniforms. There were appropriate infection control policies and procedures including a Personal Protective Equipment (PPE) policy to ensure that staff had appropriate equipment including clothing, gloves and eye wear to minimise the risk of infection.

All staff had received up-to-date training in infection control and decontamination. Staff demonstrated excellent knowledge and good practice in the decontamination and sterilisation of reusable dental instruments. Appropriate checks were carried out to ensure that decontamination and sterilisation equipment was cleaning and sterilising instruments properly at every cycle. This helped to minimise the risk and spread of infection.



**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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We looked at the arrangements for ensuring that people were cared for and treated by appropriately trained, skilled and experienced staff.

People we spoke with were very complimentary about their treatment by all staff at the practice. One person told us "Staff are efficient and I am always treated with care and kindness."

We looked at files for three members of staff. From these we saw that staff were up to date with mandatory training and there were regular staff meetings held to discuss any patient related and good practice issues.

From records we saw that the dentists and dental nurses at the practice were seen to be undertaking their continuing professional development (CPD) hours, as required to maintain registration with the General Dental Council (GDC). They were on course to complete the required number of verifiable and non-verifiable hours of CPD, which ensures that the skills are up to date.

The practice had a system in place for annual appraisal of staff and identifying personal development and training plans. This showed us that staff were properly trained and that ongoing professional development was encouraged.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There was an effective system in place to regularly assess, monitor and improve the quality and safety of services that people received.

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### Reasons for our judgement

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We looked at the arrangements in place for monitoring and improving the quality and safety of the service.

People we spoke with told us that they were very satisfied with the service they received at the dental practice. There were arrangements in place for regularly obtaining the views and experiences of patients as part of monitoring and improving the quality of the service and the results of these surveys were made available to people so that they were aware of any actions to be taken to improve the service.

We saw that regular audits were carried out to test the quality and safety of the service. These included monitoring patient records to ensure that they were accurate and up to date in relation to the treatment provided to patients. Checks were carried out to test the efficiency of infection control measures within the practice. There was a process in place for reporting and investigating serious untoward incidents and adverse events. Risk assessments were carried out on the environment to ensure that the premises were fit to provide safe treatments. These checks showed us that measures were in place to monitor the quality and safety of the service and to make improvements where required.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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