

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

## Surbiton Smile Centre

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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>Safeguarding people who use services from abuse</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	The Smile Centre (London ) Limited
Overview of the service	The Surbiton Smile Centre provides diagnostic and screening, treatment and surgical dental services to private patients.
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 23 January 2013 and talked with people who use the service.

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### What people told us and what we found

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During our visit we spoke with the dentist and the dental nurse. We were unable to speak to anyone that used the service on the day of our visit so we contacted two people by telephone after the visit.

Both people we spoke with had become patients of the practice during the last year and both commented that they felt that the practice was very clean and tidy.

During our visit we saw a range of treatment consent forms and a number of records including treatment plans and consent forms signed by the person using the service. The people we spoke with confirmed that they had received detailed information, both verbally and in writing, regarding their proposed treatment and the costs.

A person who used the service we spoke with said "I can't find any fault with them".

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

### 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

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### 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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### 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 saw that the practice had a range of consent forms depending on the type of treatment which included forms for implants, bleaching, orthodontics and sedation.

During our visit the dentist explained that the proposed treatment options would be discussed with the person using the service. When the treatment plan was agreed the person was given a detailed breakdown of the proposed treatment and its costs. The person receiving treatment would sign two copies of the treatment plan and they would keep a copy for their information and a copy would be kept by the practice. During our visit we saw a number of consent forms and treatment plans which were signed and dated by the person receiving treatment.

A person we spoke with said "They explained everything perfectly".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. If the person using the service wished, a relative or carer could be present during the check up and any discussion regarding possible treatment to provide support in the decision making process.

The dentist explained that a parent or guardian had to provide consent for the treatment of children and be present when any treatment was carried out.

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we saw the practice had detailed records of patient care which included copies of the consent forms and treatment plans.

The dentist explained that a detailed medical history was taken at the initial appointment which included information on any medical conditions and all the medication being taken. The medical information on the computer was updated before each consultation and a paper copy was updated every six months. During a person's first visit their medical history was attached to the treatment plan so the dentist could review it.

We saw that the practice had an emergency kit which included adrenaline and all the medication was in date and they also had portable oxygen.

The dentist explained that they would refer a person to a specialist dentist if they could not provide the type of treatment required, for example referrals were made to another dentist for bone grafts.

The dentist commented that they carried out oral cancer screening for people using the service and would refer people to Kingston Hospital for further investigation if required.

**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 the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During our visit we saw copies of the safeguarding adults and children, complaints and disability discrimination policies and procedures used by the practice.

The dentist explained that all new staff were Criminal Record Bureau (CRB) checked and these were renewed every two years.

The dentist and the dental nurse had completed an online safeguarding vulnerable adults training course.

**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. During our visit the dentist and dental nurse explained the processes and procedures used for the decontamination of equipment and how the treatment areas were cleaned.

The treatment room had a sink for hand washing and one for equipment and the room and chair was cleaned between each appointment.

After being used the instruments were placed in a box and taken to a separate room for cleaning. The reusable instruments were placed in the ultrasonic cleaner with solution and then inspected by the dental nurse for any debris using a gloves and a magnifying glass. After being checked and rinsed the instruments were placed in an autoclave and cleaned using pressurised steam.

The dental nurse explained that the instruments were put in sterile packs for different types of treatments and each pack had the date of cleaning clearly marked. During the visit we saw a number of treatment packs and instruments that had been cleaned and placed in sterile packs with the date.

The autoclave was tested daily using strips and reviewing the computer printouts. The ultrasonic cleaner was tested monthly.

**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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The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. The dentist explained that staff completed a wide range of training including cross infection, diversity and human rights, how to obtain consent for treatment and sedation.

We saw training packs and a DVD which were used by staff in relation to specialist treatments such as bleaching of teeth.

Monthly staff meetings were held and notes were taken of the discussions. Staff had regular discussions with the senior dentist regarding their work and an annual appraisal. We saw copies of completed appraisal paperwork which had been signed and dated by the member of staff and the dentist.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service gave their patients a range of options to provide feedback on their care and treatment after they have seen the dentist. They could complete a survey form, give their feedback on the practice website or, if they wished, their comments could be filmed to be placed on the website.

The dentist explained that they carried out a range of annual audits which included infection control and x-ray. They also carried out an annual audit of patient records which included a review of consent forms, written estimates of cost, up to date medical histories and mouth cancer referrals.

Annual risk assessments were carried out related to fire and a review of the facilities as a whole.

## 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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