Inspection Report

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

myFACE

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

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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Myface Dentistry And Facial Aesthetics
Registered Manager	Ms. Sarah Farley
Overview of the service	myFace Dental Practice provides private dental treatment for adults and children and facial aesthetics for adults.
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'.

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 5 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

When we visited myFace dental practice we spoke to three patients, a dentist, the registered manager and a dental nurse. We looked at the decontamination rooms where instruments were sterilised, treatment records and procedures.

The patients told us that the dentist had always asked about their medical history at every visit and explained their treatment to them in detail which had included the costs. We looked at treatment plans and the information that had been given to patients about their treatment. Computerised treatment plans had been recorded that detailed each visit and also alerted clinicians to any health related concerns. We spoke to three patients they told us, "they (the dentist and hygienist) are amazing and very thorough", "brilliant care, my crown was refitted quickly" and "best dental surgery I have been to, really good to my children".
There were arrangements in place to protect children and vulnerable adults from the risk of abuse.

There were effective systems in place to reduce the risk of infection and clinical staff knew about the decontamination procedures. The systems in the practice had been regularly audited and patient's views had been sought to help ensure that quality assurance was completed.

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 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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights. Full assessments had been completed before patients were offered treatment options.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three computerised assessment and treatment plans with a dentist. The records told us that a complete dental assessment had been completed.

The risks and benefits of treatment options had been recorded and were also sent in a letter to the patient when more involved treatment was required, For example a crown, bridge or implant surgery. The costs were included for each option and could be spread during the treatment or with interest free credit through a finance company. We spoke to four patients in the practice and all of them were satisfied with the advice and treatment they had received. Patients told us, "I had a full examination and needed a lot of hygienist appointments, they (the dentist and hygienist) were amazing, very thorough", "options and costs are explained, I am on the monthly plan which means I get reduced costs" and "professional and friendly everything is explained".

At every visit a patient's medical history was updated and alerts were recorded on the computer. Patients told us that they completed a medical history record before they started treatment. There were detailed clinical records on the computer of dental treatment and treatment provided by the hygienist. Gum health had been assessed and recorded by the hygienist and advice given to patients to improve their dental health. The dentist had been able to show patients their digital x-rays on the computer to help explain about their treatment and dental health. A treatment plan was given to each person before treatment was started. The exception to this was when patients had required emergency treatment then verbal explanations and costs were given.

We looked at the advice given to patients who had received intravenous sedation. There were pre-sedation instructions, a consent form signed by the patient and the requirement that a person must accompany them on the day and stay with them for the rest of the day

at home.

There were arrangements in place to deal with foreseeable emergencies. The practice telephone message informed patients about how to access urgent out of hours treatment. A nurse had recorded regular checks of the emergency drugs, the defibrillator and oxygen to ensure they were in date, safely stored and ready for use. All staff had completed life support training annually where medical emergency scenarios were practised. The dentist and the registered manager had completed additional emergency first aid training.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients who used 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. The staff were able to protect patients as they had received appropriate training.

Reasons for our judgement

We spoke to a nurse who had completed child protection and vulnerable adult safeguarding training and was able to explain the practice procedure to us and was clear about reporting any signs or allegations of abuse. The contact details for the safeguarding teams were readily available for staff and one dentist was the safeguarding lead for staff to discuss any concerns with.

The staff had training certificates for safeguarding children, vulnerable adults and The Mental Capacity Act (MCA) (2005). There were policies and procedures for safeguarding patients that included a flow chart of the action to be taken. The safeguarding information was also in the staff handbooks. The registered manager told us that staff watched a safeguarding training video annually and then completed a test paper which was marked externally.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Decontamination procedures were followed and there were regular checks to ensure they had been effective.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. A dental nurse was responsible for decontaminating dental instruments used in the surgeries and completing reception duties. The registered manager also helped with reception duties when required. The infection control lead dental nurse showed us how instruments were cleaned and sterilised. All clinical staff had been trained to complete decontamination procedures and were conversant with Dept of Health Decontamination Health Technical Memorandum 01 - 05 in primary dental care. This document had given the staff detailed guidance on decontamination and infection prevention and control procedures. The practice had comprehensive infection control procedures to follow that included a needle stick injury policy. There was a detailed decontamination procedure on the wall in the decontamination room for staff to follow. Dental nurses had also attended continuing professional practice sessions with the Gloucestershire Independent Dentists organisation and in-house training by the practice hygienist that also lectures at a university.

Instruments had been safely transferred from the surgeries to the decontamination room and staff there had personal protective equipment. A dirty to clean workflow was observed in a tidy working environment. Instruments were pre-soaked in detergent and rinsed before ultrasonic cleaning. A magnifying glass was used to inspect instruments for any debris before they were put in bags and vacuum sterilised. There was also a facility to use non-vacuum sterilisation when required. All instruments used for implant surgery had been double bagged for additional protection and infection prevention.

Records were maintained and a weekly protein test and quarterly foil test were completed to help ensure that the ultrasonic bath was working efficiently. The memory card from the autoclave was saved onto the computer regularly and other records were well maintained to ensure that the autoclave was checked and working effectively throughout the day.

Each surgery and the decontamination room had a cleaning schedule that the staff had completed daily. The registered manager told us that all staff had appropriate immunisations. All general equipment for cleaning was colour coded to help prevent cross infection. The dental practice was clean throughout and people that used the service told

us it was always clean. All clinical waste had been safely stored in a locked room.

An Infection Prevention audit had been completed in October 2013 and the results were 100%. The plan towards 'best practice' in decontamination was recorded and a 'gap analysis' had been completed. This meant that there were plans for the improvements and we looked at the large room where decontamination procedures would be located.

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 patients received. Regular audits had been completed and comments from patients had been sought that helped to monitor the quality of treatment provided.

Reasons for our judgement

Patients who used the service were asked for their views about their care and treatment and they were acted on. We looked at the results of a 'Customer Experience' survey completed by patients in 2012, 30 patients were included and the results were mainly positive. Patient recorded comments included "local, friendly and honest pricing structure", "I have always been advised about treatment and costs" and "always been excellent treatment and advice".

Clinical governance audits had been completed in 2013 to ensure that systems were working. One was an antimicrobial audit. The audit was to ensure that the dentists had correctly prescribed antibiotics and included taking a patient's temperature before prescribing. The results had been 100% correct. We looked at several other audits completed in 2013 for example, infection control, child protection, dental radiography, health and safety and that the National Institute for Health and Clinical Excellence (NICE) guidelines had been followed. An audit of 100 patient treatment records had a 96% result. The results of the audits were categorised with regard to risk and where necessary there had been actions highlighted and completed.

Practice meetings had been held regularly and we looked at the minutes for the October and November 2013 meetings. There had been many topics covered that included infection control procedures and reference to a training course staff had attended one weekend about record keeping.

The provider took account of complaints and comments to improve the service. We looked at the full complaints procedure and how complaints were recorded. There had been no recent complaints. There was information for patients in the waiting room about contacting the practice manager to discuss a concern or complaint. The provider may find it useful to note that there was no additional information available should a patient wish to contact another agency about a concern.

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

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