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

Michael Dental Care

Fiddlers Green Lane, Cheltenham, GL51 0TD
Tel: 01242517373

Date of Inspection: 27 September 2013
Date of Publication: November 2013

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

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<tr>
<th>Registered Provider</th>
<th>Alexander Ian Michael</th>
</tr>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Dr. Alexander Michael</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Michael Dental Care provides private dental treatment for adults and children. There is level access to the practice and all surgeries with ample parking.</td>
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<tr>
<td><strong>Type of service</strong></td>
<td>Dental service</td>
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</table>
| **Regulated activities**  | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we visited Michael Dental Care we spoke to three patients, a dental nurse and a dentist. We looked at treatment plans and found that there was a detailed record of completed dental assessments and treatment options discussed with the patient. Patients were pleased with the care and treatment they had received and found the staff friendly and polite. Patients told us, "brilliant dentist always very good treatment", "the dentist is great everything makes me feel relaxed" and "very friendly practice, the dentist always talks me through treatment and is very good".

The practice was clean throughout and instruments were cleaned and sterilised effectively. The staff had been trained in safeguarding vulnerable adults and child protection. Complaints had been addressed and recorded to include the action taken. Systems had been audited to help ensure that they were effective and actions had been taken where improvements were required.

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

<table>
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<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
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</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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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 seven computerised assessment and treatment plans with a dentist. The records told us that a full dental assessment had been completed. At every visit a patient's medical history was updated and computer alerts were maintained to inform the clinicians about significant medical information where required. Patients told us that they completed a medical history record before they started treatment and signed it. We found that patient signed medical histories had been scanned into the computer records. This meant that patients were protected from unsafe practice when their complete medical history was known.

There were detailed clinical records and x-rays had been taken when required. Each x-ray was risk assessed to record patients exposure to radiation risk. Patients had been advised about oral hygiene and their gum health had been recorded regularly. A treatment plan was given to each person before treatment was started that included the costs to ensure that patients had a record of their chosen treatment. We saw an example of a treatment plan given to a patient. Patients told us, "I always have a printed plan of treatment", "the dentist puts me at ease" and "I had an estimate of costs and I know the risks and benefits of treatment".

There was an endodontist at the practice weekly so that patients that required root canal treatment were able to access this service easily. The dentist described emergency treatment for one patient where they were able to send the patient an xray electronically to take with them on holiday to show another dentist if required. We found an email from a patient treated for an emergency that had thanked the dentist for the care and treatment. Dental pocket scoring had been completed to check periodontal (tooth supporting structures) health and recorded with a date. Patients' health education and advice given to them had been recorded. We looked at a patient referral record to a periodontal surgeon, which the dentist had followed up to ensure that the consultation was completed.
There were arrangements in place to deal with foreseeable emergencies. The medicines for emergency use were safely stored and they had been regularly checked, to include the oxygen, this had ensured they were in date and ready for use. All staff had completed life support training annually. There were also arrangements for emergency treatment out of hours where an on call system between several dentists had ensured that patients would be treated.
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 from the risk of abuse because they had relevant procedures to follow and knew what to look for.

Reasons for our judgement

We spoke to a member of staff who had completed child protection and vulnerable adult safeguarding training. They were able to explain the practice procedure to us and had been clear about reporting any signs or allegations of abuse. There was information about the Mental Capacity Act (2005) and its impact on dental practices in the staff room. The safeguarding children and vulnerable adults procedures were in staff handbooks. Contact details for the local safeguarding teams were readily available for staff to use. The dentist told us that the staff team met almost daily to discuss issues in the practice.

A member of staff told us about the in-house training with regard to safeguarding children and vulnerable adults. Staff told us they had completed verifiable continuing professional development (CPD) training from their annual CPD journal. A member of staff told us that they had completed questions online from the journal and received a certificate on every subject over a five year period, which had included safeguarding. The dentist had also subscribed to the team addition of CPD practice journal which all staff had access to.

There were no safeguarding issues recorded. 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.
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 clinical staff had completed training to help ensure that their practice was effective.

Reasons for our judgement

We spoke to one nurse about the procedures they followed for the decontamination of instruments. Instruments had been safely transported from the surgeries to the decontamination room and staff there had personal protective equipment. A dirty to clean workflow was observed in a tidy environment. Instruments were scrubbed and an ultrasonic bath was used. The provider may find it useful to note that instruments were not checked for any debris under a magnifying glass and weekly protein checks had not been completed to help ensure that the ultrasonic bath had been effective. Instruments were autoclaved, left to dry and put in sterile bags and date stamped for use within one year. Daily records were kept for the autoclave and there was a maintenance contract for servicing. The Infection Prevention Society (IPS) audit completed in July 2013 had highlighted actions for the practice to complete which included six monthly foil tests of the ultrasonic bath and improved clinical waste storage. The dentist had recorded what needed to be achieved for overall best practice for decontamination procedures.

A member of staff told us that they had been trained in decontamination procedures and had completed CPD in the subject. There were infection control procedures for staff to follow and any accidents or spillage had been recorded to aid reflective practice and keep patients safe from cross infection. There was a detailed opening and closing procedure for nurses to follow that included all aspects of the cleaning and disinfection of the surgery and equipment. The provider may find it useful to note that there was no evidence that the procedures had been completed. All staff had received correct immunisations and there were procedures to follow for needle stick injuries. A dentist also described to us how they had completed a monthly check for Legionella disease in the water systems by using a probe and an ultraviolet thermometer. This meant that patients were protected by the practice infection control procedures.

We observed that the practice was clean during our visit and patients we spoke to also commented that they found the practice to be clean when they visited. The provider may find it useful to note that equipment for general cleaning was not colour coded to help prevent cross infection.
Assessing and monitoring the quality of service provision

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 receive. Regular audits had been completed and action taken where required.

Reasons for our judgement

There were many cards and thank you letters sent from patients praising the care and treatment received and a dentist told us they asked patients if they were satisfied. There had been only one complaint recorded, the records were clear and the complainant had been satisfied with the actions taken. There was a clear complaints procedure that included where to go for additional support if required. The provider may find it useful to note that the planned surveys had not yet been provided for patients to complete in order for their views and comments to be known and acted upon.

The practice had completed many audits about patients that included asking them why they had left the practice and where possible improvements had been made. The practice was mindful when patients requested not to be recalled and this was noted on their record. An audit had highlighted patients that had been sent for an implant at another practice so that their continuing dental health was monitored successfully later. The practice cancellation policy had been audited to help ensure that patients were called sooner when vacancies became available.

Antibiotics used had been recorded on the computer. X-rays and decontamination procedures had been audited. The provider told us that clinical staff CPD was monitored and the practice had copies of the clinical staffs registered certificates. Accidents had been recorded for prevention purposes and any further action 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 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.