

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

The Clinic Dental Facial Ltd

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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
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	The Clinic Dental Facial Limited
Registered Manager	Mr. Sven Thoger Sorensen
Overview of the service	The Clinic Dental Facial Ltd provides private general, cosmetic dentistry and specialist implant dentistry to adults. It also provides National Health Service (NHS) dentist services to children. The premises include five treatment rooms and there are two dentists and two hygienists. The reception area is located on the first floor with some treatment rooms located on the ground floor for accessibility.
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

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 4 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three patients, two dentists, two dental nurses and the practice manager. Patients spoke positively about their experiences at the service, their comments included: "All this state of the art equipment makes you confident you are getting the best possible treatment, it is worth every penny," "It's modern with a relaxed feel which really appealed to me, I can't recommend it highly enough" and "You book an appointment for a set time but if it takes longer it takes longer, you never feel rushed."

A patient stated that they felt comforted in the knowledge that the dentist was a skilled medical professional and considered their whole health and wellbeing. Patients consistently told us that they felt safe using the service. A patient told us they felt assured that "They always check my medical history by asking if anything has changed at each visit."

Patients were involved in decisions about their dental care and were consulted about their treatment plans. Patients said "You can ask as many questions as you want, the cost is always explained" and "The dentists discussed with me the best option from the choices I had."

The service was clean with processes in place to sustain good levels of cleanliness. Patient comments about standards of cleanliness included: "It is always very clean with all of the staff always looking very clean as well" and "I liked the cleanliness of the place straight away you can see how clean everything is."

Staff received appropriate training and professional development to ensure they had the skills to provide safe treatments.

There were mechanisms in place for the service to regularly assess and monitor the quality of its services and facilities to help ensure that patients remained safe and were provided with appropriate standards of treatment.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients understood the care and treatment choices available to them. This was because they were given appropriate information and support regarding their treatment. The service had a website which provided information on the types of treatments along with a brochure and photo albums, which documented before and after pictures of the various types of treatments offered. Patients consistently told us about their involvement in their treatment plans and the choices of treatments that they were presented with. Their comments included: "The dentists discussed with me the best option from the choices I had" and "Treatment is never rushed, you are provided with written details, it's always made clear what you are paying for its broken down and he talks it through with you."

We looked at patient records to see how people and their representatives were involved in making decisions about their treatment. We saw that patient records contained a treatment plan and that the plans had been signed by the patient. The plan showed the proposed dental work and the total cost of the treatment. This meant that people were given information about treatment options and their costs.

The practice manager confirmed that patients were given their own copy of the treatment plan. The practice manager informed us that as well as having a written treatment plan, all treatments were discussed in detail with patients by the dentist treating them. This discussion included talking about health issues and providing information about possible risks to teeth and gums. For example, the effects of oral hygiene and diet on dental health.

Services provided to children we were told is limited to examinations with very little dental treatment being provided. The provider may wish to note that there was currently no process to obtain written consent by a child's parent or guardian. This was because consent was 'implied' and did not evidence who gave consent for a child to be treated. We saw records which showed that adult patients provided their written consent for treatment through signing their treatment plans.

Patients consistently told us that their dignity and privacy had been respected. They thought that staff were courteous and they liked the way in which all staff were willing to answer any questions they asked. Staff showed a clear understanding of good practices in preserving privacy and dignity and were able to give many examples of how they promoted this in their every day practices. This included knocking on treatment room doors before entering and using patients' preferred names. We saw that staff were careful to discuss a patient's treatments in private so they were not inadvertently overheard in the reception area. This meant that patient's privacy and dignity were respected.

One patient described themselves as a "nervous patient" and told us how good staff were in supporting them during treatments. They explained that staff were respectful and understanding and said "They always put me at ease, hold my hand, they stop when I ask them to, I come in shaking and I go out fine." This meant that patients were treated with dignity and their individual support needs identified.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Without exception all patients consulted spoke positively about their experiences at the practice and of the treatment they had received. Their comments included: "I have been coming here since they took over 15 years ago and they are absolutely excellent, first class," "All this state of the art equipment makes you confident you are getting the best possible treatment, it is worth every penny" and "It's modern with a relaxed feel which really appealed to me, I can't recommend it highly enough".

Patient needs were assessed and treatment was planned and delivered in line with their individual treatment plans. A patient said "You can ask as many questions as you want, the cost is always explained." Patients said they felt safe because the clinical staff had made sure they knew their medical histories and took this into account when undertaking any treatment. A patient told us: "They always check my medical history by asking if anything has changed at each visit." A patient told us of their experience when the dentist recommended they saw a doctor as they had noticed a medical condition during dental treatment. The patient stated that they felt comforted in the knowledge that the dentist was a skilled medical professional and considered their whole health and wellbeing.

Patients were receiving routine check-ups to ensure good dental maintenance. Patients told us that they generally booked their next check-up examination at the end of each treatment. The date was decided in consultation with the dentist who ensured that patients whose treatment needed closer supervision were seen more frequently. The appointments system avoided the need for patients to wait for too long in the reception area.

We looked at four patient records, these demonstrated that the service maintained up to date and accurate records. This was because the records we saw included patients' individual treatment plans and referenced any discussions that had taken place between the patient and their dentist about their treatment. A patient told us about their allergies and this was clearly noted on their records. We looked at the notes of a patient who had just received treatment and there was a record of the actual treatment provided as well as other significant information which had affected their treatment. Patients told us that they had been supported to promote their good oral health. This also included advice about healthy eating so as to avoid foods that were associated with tooth decay.

Staff told us about the daily morning meeting where the day's patients and treatments were discussed to identify any potential issues or factors that needed to be taken into account. For example, they discussed scheduled patients who were not able to use the stairs and therefore needed to be treated in one of the ground floor treatment rooms. This helped to ensure that patient care and accessibility was planned for.

People's care and treatment reflected relevant research and guidance. All clinical staff told us how they kept up to date with changes in dental services. For example, the service specialised in dental implants and the principal dentist gave several examples of how the latest research and technology had been incorporated into their practices.

Patients told us that the appointment system was efficient and accommodating. A patient said, "You book an appointment for a set time but if it takes longer it takes longer, you never feel rushed." A patient said that when they had a dental emergency, the service had always been able to make an urgent appointment. Another patient said that out of hours contact details were available.

Clinical staff were trained in emergency life support. We saw that the provider had ensured that reception staff had protocols in place to summon the emergency services if required. Emergency equipment was available to help in the event of a medical emergency. This included lifesaving medication, oxygen and first aid.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Records showed the service had policies and procedures in place to manage cleanliness and infection control. All clinical staff had undertaken training in infection control.

The clinical areas of the service were clean and there was a cleaning schedule in place to ensure that all areas received regular cleaning. Patients consistently told us that they had always found the service to be cleaned to a high standard. Their comments included: "It is always very clean with all of the staff always looking very clean as well" and "I liked the cleanliness of the place straight away you can see how clean everything is."

A staff member had been appointed as the infection control 'champion' and took the lead for infection control. They had undertaken additional training for this appointment and they understood their responsibilities. The notes from staff supervision meetings demonstrated that infection control was a regular agenda item. There was information available to patients using the service and visitors about health and safety including the control of infection.

Regular audits had been completed to show that good standards of hygiene were being achieved. These considered things such as hand hygiene, instrument decontamination and sterilisation, general infection control and the use of personal protective equipment. These showed that no issues or concerns had been undertaken. Regular checks of infection control procedures and practices helped to ensure that patients were being protected from the risk of cross infection.

The service had a designated decontamination room with a clear process to ensure that clean and dirty instruments did not contaminate each other. There was a system to ensure that reusable instruments were only used for one patient before being decontaminated and sterilised. There was special equipment used to undertake this reprocessing to clean and then sterilise instruments such as an autoclave and sterilising machine. Records showed that daily checks of the equipment had been undertaken in order to identify any faults which would prevent correct sterilisation. The provider may wish to note that the records of equipment checks did not include the name of the person who had undertaken the checks or whether any issues had been identified to be recorded. We noted that instruments were bagged and dated after cleaning and immediately stored securely.

There was a system for safely handling, storing and disposing of clinical waste so that it was unlikely to result in cross contamination.

Staff followed robust hygiene practices in preventing cross infection. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable gloves, aprons and face masks and cleaning treatment rooms between patients. There were procedures to help ensure that water used in the practice complied with purity standards. This included using specially treated water for clinical processes that could generate water vapour that could be inhaled. Checks had been completed to guard against legionnaire's disease.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

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.

Reasons for our judgement

Without exception all patients spoke positively about all staff who worked at the service. A patient told us: "They are all lovely people who I trust implicitly with my dental health." We found that staff had worked at the service for many years and had considerable experience in dental services. All staff consulted with spoke knowledgeably about their specific roles and responsibilities.

Records showed that all clinical staff were registered with the General Dental Council (GDC). Staff received appropriate professional development. Dental nurses told us of the training and development they had undertaken as part of maintaining their professional registration with the GDC. This included safeguarding adults and children, infection control and health and safety. However, the provider may wish to note that copies of the training undertaken as part of clinical staff's continuing professional development (CPD) were not all stored at the service as confirmation of the training undertaken. Areas of specialist training were also undertaken such as infection control, x-ray machinery, sedation and intensive surgical training regarding dental implants.

Staff told us that they felt well supported by the provider and dental staff to undertake their role. They told us of weekly group supervisions which were documented and discussed a range of topics. This included new ways of working, new instruments and equipment. We saw records of staff's annual appraisals which helped to ensure that they were meeting their roles and responsibilities and had the skills to support patients. Staff confirmed that the dentists also provided direct supervision on a daily basis, where immediate feedback or on the job training were required. This meant that staff received direction support from their line manager to help ensure they undertook their roles effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

There were mechanisms in place for the service to regularly assess and monitor the quality of its services and facilities. This included obtaining feedback from patients about their experiences through the use of feedback questionnaires. We saw patient feedback questionnaires which were sent out monthly to patients who used the service that month. All but two of approximately thirty feedback forms we looked at gave positive feedback about patient experiences. Where minor issues had been raised the practice manager told us of the actions that had been taken to address these. For example, a patient had commented that there were no up to date magazines in the waiting areas. The practice now has current magazines displayed. This meant that patient feedback was sought and action was taken to address patient comments.

There were various audits that were also undertaken to help monitor the quality and safety of the services provided. This included infection control and health and safety checks. For example we saw how audits on infection control, radiology and water borne diseases helped the provider monitor and promptly identify any areas of concern or for improvement.

There were processes in place for the manager to respond to medical device alerts, incidents and accidents and of any adverse reactions to treatments. This helped to minimise future risks to patients who used the service. The manager told us that none of these events had occurred.

There were effective systems in place to identify, assess and manage risks to the health, safety and welfare of patients and staff. For example there were records which related to fire safety. These included a fire risk assessment and the regular testing and maintenance of fire detection and fighting equipment. The provider may wish to note that it was not always recorded when the actions had been undertaken to address minor areas for improvement noted in the fire risk assessment. This meant that it was not always clear if they had been addressed.

Decisions about treatment were made by the appropriate clinical staff at the appropriate

level. This was because there was a clear management and clinical structure for decision making and accountability which helped to protect patient safety.

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.

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