

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

Hilton Dentistry Gillingham

139 Twydall Lane, Twydall, Gillingham, ME8 6JU

Tel: 01634231776

Date of Inspection: 04 December 2012

Date of Publication:
December 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Hillton Dentistry Gillingham Limited
Registered Manager	Mr. Maheshkumar Patel
Overview of the service	<p>Hilton Dentistry Gillingham provides both NHS and private care to adults and children.</p> <p>The practice is based in Twydall, Gillingham and is open Monday, Wednesday and Thursday 08:30am to 05:45pm, Tuesday 08:30am – 07:30pm and Friday 08:30am – 01:00pm. The practice is closed on Saturday and Sunday.</p> <p>Parking is available in public car parks nearby.</p>
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	11
Supporting workers	12
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with three people about the care and treatment they received. One person told us that they liked the practice and had been a patient there since childhood, that they had no complaints about the service or the staff and that the "thought of changing dentist if we moved away, fills me with dread!" Another person said "I have received really good treatment in the time I have been coming here, my children even like coming here!" People told us they were always included in discussions about their treatment and were clear about the cost of treatment.

During the inspection we spoke with staff and looked at patients' records, staff records, policies and procedures. Staff we spoke with told us that they enjoyed working at the service.

We found that the practice provided a clean environment for treating patients and equipment used was satisfactorily maintained.

We found that the practice provided almost all of the mandatory training for staff, and ensured this was kept up to date. Where there were shortfalls, the provider had taken steps to rectify this.

We saw that records were stored securely, and were well maintained and appropriately 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

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

People who used the practice understood the care and treatment choices available to them.

We saw a range of patient information leaflets available and given to people using the service. These detailed the services provided (both privately and through the NHS) and the costing of treatments. This meant that people who used the practice were given appropriate information and support regarding their care or treatment.

People told us that they were provided with good information about treatments and the cost of different treatments. They said that staff were good at discussing all their treatment options and they felt they had time to consider treatment options and realistic expectations of the procedures they were having.

We looked at patients' records and saw that the involvement of people who used the service was well established and was based on a person-centred approach. We saw that all consultations took place in private rooms. There were six consultation rooms being used within the premises.

People who used the service said that staff were professional and friendly. They told us they were "very happy" with the service provided.

We saw that patient records were stored securely in locked filing cabinets, within a lockable room, to make sure their personal information remained confidential.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People attending the practice had an initial consultation with the dentist. We saw that the dentist completed the records in discussion with the patients.

We saw records that showed that staff were trained in dealing with medical emergencies. The practice had emergency equipment available including oxygen and emergency drugs. We saw that the emergency equipment was routinely checked and audited for expiry dates. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at a sample of patients records (paper copies) and saw that treatment plans, options and risks had been explained and recorded. We saw that records included details of patients' history in relation to their social circumstances, dentistry and a thorough medical history. The medical histories had been updated at each appointment and amendments had been made, where required. People we spoke with told us that they were "always asked about my health, each time I come here."

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

Our judgement

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.

Reasons for our judgement

People 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 practice treated both adults and children. We saw that there were both adult and child protection policy in place, with contact numbers available for the local safeguarding teams if needed. The provider had obtained a copy of the Kent and Medway protocols for safeguarding adults and children.

We saw that all of the staff team had received training in Adult Protection. Staff told us that they had received training in safeguarding adults and children and were clear about their roles and responsibilities in the event of abuse being suspected. Staff were aware of the procedures for dealing with physical and verbal abuse from patients and their representatives.

The provider may find it useful to note that we saw from staff training records that they had not received training about the Mental Capacity Act 2005. This meant that they lacked knowledge about the importance of this legislation, and how to apply it. The provider assured us that he would discuss this with the Primary Care Trust and/or the Dental Practice Advisor (DPA) and access any training that would be available.

We saw from the staff files we viewed that Criminal Record Bureau (CRB) checks for all staff had been obtained prior to the commencement of their employment. These had been obtained within the last year and were stored securely.

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

Our judgement

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.

Reasons for our judgement

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

People told us that the practice was "always clean and well maintained." We were told that the practice was cleaned each day by staff.

We observed staff preparing the room between patients. They demonstrated that all touch areas (this included the chair, the tray, surface areas and the light) were cleaned. We saw that all items used were disposed of or decontaminated appropriately. We observed that the staff had a clear understanding of their cleaning responsibilities.

We saw that appropriate personal protective equipment, such as disposable gloves, aprons, masks and eye protectors were available and were in use in all clinical areas.

We observed how instruments that required decontamination were processed. The practice had two sinks and an autoclave (a device used to sterilise equipment) in five of the six consultation rooms. We saw that each consultation room had a sink used for hand washing and another sink for cleaning used instruments. Where the consultation room had no autoclave, we saw that instruments were transported in secure boxes to a designated consultation room with an autoclave in place.

There was a clear process in the consultation rooms to ensure that clean and dirty instruments did not contaminate each other. We were informed that all staff had received training in infection control, staff training records that we looked at provided further evidence of this.

Staff were observed to be manually checking instruments after use and prior to washing and the sterilisation process. We saw that any residual matter would be cleaned, and then the instrument was washed prior to sterilisation.

The practice had two new decontamination rooms which were built to comply with the Department of Health: Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices. These were not in use at the time of the inspection as they were waiting to be commissioned for use.

We saw that the practice had an inspection report from the Dental Practice Advisor (DPA) in relation to the Department of Health: Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Recommendations had been made as a result of the inspection and we saw that a clear action plan of how the recommendations had been met, were in place. The action plan had been approved by the DPA and the recommendations were recorded as no longer outstanding.

We spoke with the NHS Dental Contracts and Performance Manager for this practice and they confirmed that they had no concerns about the way this practice managed their infection control procedures.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the personnel files for four members of staff and found that recruitment processes were being followed appropriately. We found that not all staff had written references, proof of identity or a completed application form on file. Having spoken to staff and the provider, it was clear that these records related to staff who had been employed by the provider for over 10 years. In these cases each staff member did have a Curriculum Vitae (CV) on record providing a full employment history.

There were effective recruitment and selection processes in place.

We spoke with the staff members whose files we had looked at, and they confirmed that the information recorded on their individual personnel files was accurate.

We saw that the policies and procedures for the recruitment of staff had been followed appropriately.

The provider may find it useful to note that self-employed staff were not always recruited in a manner consistent with how the permanent staff were employed. This meant that people who used the service could not be assured that self employed staff were recruited appropriately.

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

Staff received appropriate professional development.

We looked at four staff Continual Professional Development (CPD) profiles and saw that the learning and development needs of staff were identified based on the needs of people who used services.

We saw that staff had a learning and development plan in place based upon discussions and assessments during staff appraisals and supervision sessions, there were plans in place detailing how those needs would be met. This meant that the provider took into account the needs of both staff and people who used the service, when arranging training.

We saw from records that training was arranged in accordance with mandatory and professional requirements for the designated roles and enabled staff to meet their professional registration and development requirements. Staff had received the learning and development opportunities they needed to carry out their role and keep their skills up to date. This meant that people who used the service received treatment and care by staff who were enabled to acquire further skills and qualifications that were relevant to the work they undertake.

We saw that records were kept of the learning and development activities that staff attended.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system.

This was provided in a format that met their needs. We saw a notice about how to make complaints, give compliments or raise concerns. This notice was made available for people in the reception/waiting area. The notice also included the telephone numbers of organisations to contact in order to make a complaint.

People were given support by the provider to make a comment or complaint where they needed assistance. There were clearly defined systems in place for reporting complaints for both private and NHS patients.

We looked at historic records of complaints and saw that where different services were involved in delivering care or treatment, the provider took appropriate action to co-ordinate a response to the person raising the complaint.

There was an effective system in place for patients to identify where to make a complaint about the Dental Practice, if they needed to and that the registered provider was handling and responding appropriately to complaints. We saw that there had been no complaints made within the last 12 months.

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.

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

Phone: 03000 616161

Email: enquiries@cqc.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
