

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

Maidstone Periodontology

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Tel: 01622737666

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ 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 |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mr. Tomas Allen |
| Overview of the service | Maidstone Periodontology are a private periodontology and dental implant referral clinic located in Maidstone, Kent. They provide a range of periodontology-related services, including: treatment of gum disease, treatment of gum aesthetic problems and gum surgery. They also provide a full range of dental implants treatments. These include implant placement, restoration with crowns or bridges and any necessary bone grafting procedures. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury |

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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 unannounced 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 18 October 2012, 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

Patients we spoke with told us that they were very happy with the service they received at the surgery. One person said, "The welcome is nice and the staff always seem very friendly. They explain to me the complexities of the procedure and I feel that they are looking after my interests". Another person said, "The treatment definitely meets my needs. I had issues with previous dentists but I trust the dentist here and feel at ease". We found that the dentist planned treatments properly and ensured that he obtained relevant consents where necessary. We found the surgery to be clean and hygienic. We saw that there was a system in place for people to offer feedback or make a complaint if they wished.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The provider had a clear consent policy in place which detailed the importance of informed consent and respecting the patient's right to withdraw consent after it had been given. The policy highlighted the need for patients to understand treatments and costs and be given ample opportunity to discuss them.

Records showed that people were given consent forms before undertaking any treatment. These forms clearly outlined the risks and benefits of each procedure. There was a place to sign and date to show that patients had understood the proposed treatment and that they agreed to it. All consent forms we saw were signed by the patient concerned. Separate consent forms were in place for patients who required sedation and these too outlined any risks and benefits. Records showed that patients who required sedation had consented to receiving it. Patients we spoke with told us that they were asked for their consent at each step of their treatment and heavy reliance was placed on this.

The dentist had also received training in the Mental Capacity Act (MCA) in order to assist him in deciding whether patients had the capacity to consent to treatment. The dentist had received further training in 'dental care for patients with mental health problems' to further aid his understanding of consent in that specialist area.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Patient records showed that a thorough medical history was taken. Individual medical history forms were signed by the patient. Staff told us, and people using the service confirmed, that people's medical history was discussed with patients prior to any treatment.

As well as being given an individual treatment plan in which treatment and costs were recorded, people's notes also stated that discussion had taken place with the patient about their treatment. People we spoke with told us that they were confident with the treatment they received as they were able to discuss every aspect of it as they went along. One person said, "He's very good at putting you at your ease. If I've got ten different questions he answers them".

The dentist allowed patients to make informed decisions about their treatment by giving them time between consultation and procedure. One person said, "He's absolutely brilliant, I'm always given time to consider treatments. Everything is explained and I feel that they are looking after my best interests".

There were procedures in place for patients to be seen on the weekdays that the dentist was unavailable. There was no defined 'out of hours' service, due to the nature of the dentistry, but people told us that they dentist would open up for them if they needed it. One person told us, "He's going in especially for me tomorrow to take my stitches out as I am going on holiday the next day".

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 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. There was a safeguarding policy in place which identified the different types of abuse, the signs that staff should be aware of and the process to follow in the event of any suspicions.

Staff were trained in safeguarding. The dentist had received further training in the Mental Capacity Act (MCA), 'dental neglect in children' and 'dental care for people with mental health problems'.

Staff we spoke to were confident in talking about the types of abuse to be aware of and how to report them.

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 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.

The surgery had a comprehensive infection control policy. This included guidance on decontamination of instruments, work surfaces and equipment, hand hygiene, clinical waste disposal, personal protective equipment and use of gloves. The hand-washing policy included a useful flowchart as guidance and this was displayed near frequently used sinks as a useful aide memoir to staff.

We saw that there was a system in place to deal with different types of waste. All waste products were being handled appropriately. We saw that cleaning procedures were clearly defined. We saw that the surgery was cleaned thoroughly between patients. There was a further cleaning procedure identified for the end of the day. Records showed that the provider had audits in place to monitor the cleanliness of the surgery and the equipment. There was a further audit to ensure that the equipment was working properly. These took place either monthly or daily depending on the area to be audited.

We observed the surgery's decontamination process. This was an effective system to reduce the risk of cross infection and staff were competent in demonstrating this.

Training records showed that staff were receiving training in infection control on a regular basis. Staff we spoke with had a good understanding of infection control procedures and their importance in the workplace.

Patients we spoke with found the environment to be clean and hygienic.

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 a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. The dentist had a complaints policy in place which identified a named lead and the procedure followed in the event of a complaint. It contained details of the Dental Complaints Service and the General Dental Council for patients who wished to take issues further. The policy was visible to patients who were sitting in the waiting area of the surgery.

The dentist also had feedback cards which were available to patients who wished to provide positive or negative feedback. These consisted of a series of questions and a box to write any individual comments. We saw a selection of these which all indicated that the dentist was providing a good service to its patients. Some feedback cards had review sheets attached to show what findings had been reached and whether there was any proposed action. The provider may wish to note that although this showed that feedback audits were happening, there was no consistency as to where the review sheets were found. This meant that although the system was in place there was no benefit arising from it due to its random implementation.

The dentist undertook a variety of audits to ensure that the service continued to run properly and to identify if there were areas of concern. These included monthly audits of the entire surgery, daily equipment audits and daily cleaning audits. There were staff meetings to discuss findings of the audits; the last of these took place in October 2012.

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.

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