

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

S. G Hill Dental Practice

367 Maidstone Road, Wigmore, Gillingham, ME8
0HT

Tel: 01634232204

Date of Inspection: 23 April 2013

Date of Publication: May
2013

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

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Dr Vikas Harihar Patel
Overview of the service	The practice provides NHS and private dental care for adults and children. The premises are situated in a residential area in the village of Wigmore, near to the towns of Rainham and Gillingham.
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	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Supporting workers	13
Assessing and monitoring the quality of service provision	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 23 April 2013, talked with people who use the service and talked with staff. We reviewed information sent to us by other authorities.

What people told us and what we found

The practice was situated on a ground floor and had two surgeries. It provided a range of treatments, including general dentistry, dental hygienist, restorative dentistry and implants.

We talked with three staff and five patients during our visit. People spoke very positively about the experiences of care and treatment they had received. Some of their comments included "It is brilliant here. Wonderful. I could not have a better dentist"; and "It is perfect. The staff are friendly and happy people, and everything is always explained to me very clearly."

The staff said that the principal dentist was always available to ask any questions. They confirmed that their mandatory training such as basic life support and safeguarding vulnerable adults and children was kept up to date. They were encouraged to carry out training courses.

We saw that the practice was clean in all areas, and there were reliable procedures in place for the management of infection control.

The practice had systems in place to enable people to share their views. This included a suggestions box, and ongoing survey forms. People's concerns or complaints were listened to and addressed appropriately.

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 views and experiences were taken into account in the way that the service was provided and delivered, in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment.

The practice provided new patients with an information leaflet about the practice, which included arrangements for making appointments, and how to contact emergency treatment services out of hours. We saw that other leaflets were available and offered to patients as applicable, such as oral health advice, and the fees for different types of treatments.

Patients that we spoke to confirmed that the dentists explained the treatment options to them, and gave them sufficient time to make informed decisions. The dentists discussed people's treatments with them in the surgeries, and this maintained people's privacy and confidentiality. We saw that consent for treatment forms were signed by the patients and scanned into the computer system.

We found that the staff had been trained in the Mental Capacity Act 2005, which meant that they were aware of the processes for consent to treatment for vulnerable adults who were unable to make the decisions for themselves. Where people lacked the capacity to consent, they were accompanied by their next of kin or carer, who was appropriately informed about the proposed treatment and signed for consent on their behalf. The dentists discussed the treatments that would be in their best interests.

Children under the age of 16 years were required to be accompanied by an adult, and no examinations or treatment were carried out unless their parent or guardian had signed their consent.

We saw that all documents including consent forms and patients' medical histories were scanned on to the computer system. This was password protected and ensured that people's information was stored in a way which protected their confidentiality.

The practice had an ongoing system in place to request patients to complete survey forms.

This meant that patients were asked for their views and could make any comments about the practice. We were informed that these surveys were reviewed, and people's comments were taken into account. Questions included subjects such as the length of waiting times, the friendliness of the staff, and if people were seen on time. Changes were implemented to improve services if this was relevant.

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 ensured people's safety and welfare.

The principal dentist showed us that patients' treatment records were stored on a computer system which provided a clear record of their routine examinations and all aspects of their treatment. We looked at six patients' records and saw that these contained suitably detailed information. The records contained notes of any clinical concerns, and if people were particularly nervous or anxious. This ensured that the dentists were aware of this at every visit, and took extra time to reassure people if needed.

We saw that people were asked for their medical history at their first appointment, and this was checked at every visit. This was a sign of good practice to ensure that the dentists were always up to date with any medical concerns, allergies, or medication that patients were taking. We saw that the computer system highlighted concerns such as allergies, for example, allergies to penicillin.

The computer system enabled the dentists to show patients an all round view on screen of their teeth and oral health. This helped people to understand their treatments and the options available to them. We saw that the practice had X-ray facilities which included orthopantomography, which gives a panoramic view of all of the teeth.

Children were encouraged to visit the dentists from a young age, so that they could become familiar with the dental practice, staff and surroundings prior to needing examinations or treatment. They were able to sit in the dental chairs and look at the equipment in the dental surgeries. We saw that child treatment records showed where dietary advice had been given to parents, and where children had been given a toothbrush and shown how to use this effectively.

The practice employed a hygienist to assist with people's oral health and hygiene. We saw that the practice maintained a supply of oral health products for sale, including items such as interdental brushes and mouthwash.

Staff training records confirmed that all of the staff were kept up to date with training in

emergency life support and first aid. This meant that they were able to provide immediate support if a patient was taken ill.

The practice kept some space available each day in case of patients needing emergency treatment. We spoke to a patient from another practice who needed emergency care, and who had been unable to obtain an appointment at their own practice. The person told us that they had been asked to complete a medical history form, and said "I have come for an emergency today, and I am so grateful that they have fitted me in."

Other patients that we spoke to said "The treatment is very good" and "I have always been very happy with the treatment given."

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

Our judgement

The provider was meeting this standard.

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.

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 it from happening.

The principal dentist showed us that the practice had safeguarding policies and procedures available. These were in a paper format as well as on the computers, and were accessible to all of the staff. The policies reminded staff of the different types of abuse and how to recognise any suspicions of abuse. The computer records included the document "Child Protection and the Dental Team" with specific reference to child protection. We saw that staff had training certificates on file which confirmed that they had all received this training. The principal dentist said that the practice had yearly updates with this training.

We saw that the practice had a whistle-blowing policy, so that staff knew they could raise concerns about other staff members without discrimination. Staff said that the practice had an open and friendly atmosphere, and staff were easily able to talk with each other or raise issues with the principal dentist.

The practice held formal staff meetings on a regular basis, and this provided a forum to discuss any concerns or any incidents in the practice.

The practice carried out a criminal records check for all staff members prior to confirming their employment. This meant that they had checked that the employees were suitable people to work with vulnerable adults and children.

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 and hygienic environment.

Reasons for our judgement

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

We saw that the practice was visibly clean in all areas. All of the floors had hard surfaces which enabled them to be thoroughly cleaned for good infection control management. The practice employed an external cleaning company to clean all of the main areas each day.

One of the dental nurses explained how each surgery was cleaned before, during and after patients' appointments. This included using disinfectant wipes for all of the work surfaces, the dental chair and equipment areas. Disposable cups were replaced along with other disposable items. We saw that each surgery contained "clean" and "dirty" zone areas, and these were clearly marked so as to avoid contaminating clean instruments with used ones. The surgeries were supplied with disposable personal protective equipment including masks, goggles, gloves, bibs and aprons.

A dental nurse explained the procedures for decontamination of instruments. Dirty instruments were put into covered trays for moving them between the surgeries and the decontamination room. She described how instruments were rinsed and checked with a magnifying glass for any debris or damage after use, prior to autoclaving and sterilisation. Sterilised instruments were bagged up ready for their next use. This showed that the practice was compliant with the essential quality requirements of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw that the autoclave provided daily print-outs to show its effectiveness, and was regularly tested to ensure it was functioning properly. We saw that the infection control policy was displayed in each surgery and in the decontamination room to remind staff of the required procedures.

A record was kept on file for each staff member's vaccination history. We saw that other records included policies for items such as managing needle stick injuries and prevention of blood-borne viruses.

The dental nurse that we spoke to confirmed that the staff always washed their hands between each patient, and hand hygiene procedures were followed. We saw that the practice had hand sanitiser available in all relevant areas.

The practice carried out infection control audits following an approved format, and had scored 94% at their last audit. This showed that the practice had reliable infection control procedures in place.

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 saw that there was a training file in place with records for each staff member. These included copies of their qualifications and training certificates. We saw that the dentists had proof of their certification with the General Dental Council.

The practice had an induction programme in place that was tailored to each person's job description. This showed that they were required to read and understand the policies and procedures which related to their job roles, and signed to confirm this. The practice had a staff handbook which contained details of the policies and procedures. We saw that the induction programme included subjects such as health and safety, fire safety, infection control, and first aid.

We saw training records for two dental nurses, which included levels 1 and 2 in safeguarding vulnerable adults; consent procedures and how to manage conflict; and basic life support. Training included external college courses as well as in-house training.

Staff meetings were held on a regular basis, to enable staff to discuss the practice's development and any incidents or concerns. Each staff member had a yearly appraisal which enabled them to see how they were developing their skills and competencies.

Staff said that the practice had an open and friendly atmosphere, and they enjoyed working there and felt supported in their job roles.

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 in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff, were asked for their views about the care and treatment. Action was taken in response to these views.

The practice provided patients with a suggestions box in the reception area, so that people could raise any concerns anonymously if they wished to do so. They were encouraged at each visit to complete a survey form, which asked questions such as "How would you rate the outcome of your visit and dental treatment?" and "How would you rate the practice environment?"

We looked at five recently completed surveys, from April 2013. These showed that all the patients who had completed them were very satisfied with the overall experience of visiting the service. Most had ticked the boxes as "Very satisfied" or "Excellent" in response to different questions. Some people had written additional comments which were all positive. These included "I was more than pleased. I am very happy with the outcome of my treatment "; and "Very efficient service."

The practice had a complaints procedure which was displayed on a notice board in the entrance area, and was mentioned in the practice information leaflet. Patients were advised to contact the principal dentist in the first instance, and were informed of other avenues that could be followed via NHS services.

We saw that the practice maintained a complaints log, and we looked at two complaints. The practice had retained a copy of all correspondence, and we saw that the complaints were responded to within a good timeframe and had been investigated appropriately.

We found that the practice had auditing systems in place to monitor the ongoing management and effectiveness of the service. For example, the principal dentist was carrying out a record cards audit to check that the practice had the required information for each patient.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.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.
