

The Dentist Gallery

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection December 2018 – not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Dentist Gallery as part of our inspection programme and to follow up on breaches of the Health and Social Care Act 2008 found at the previous inspection on 4 December 2019.

At the inspection of 4 December 2018, we found the regulations were not being met in relation to risk management (regulation 12), governance, assurance and auditing processes (regulation 17) and staffing (regulation 18). Requirement notices were served setting out the improvements the provider must make. We also said the provider should review the need for translation and interpreting services, access arrangements for patients with hearing difficulties and should review the information provided on their website. At this inspection on 16 December 2019 we found improvements had been made. Whilst we did not find any breaches of the regulations, we have set out areas the provider should review.

The Dentist Gallery offers individualised services relating to hormone testing and therapy, which accounts for a small proportion of their clinical activity. Patients were treated with unlicensed compounded medicines for the treatment of hormone imbalance and thyroid related issues. (Compounded medicines are made based on a practitioner's prescription in which individual ingredients are mixed together in the exact strength and dosage form required to meet a patient's individual needs). They also offered minor surgery procedures and weight loss consultations.

We received two completed comment cards from patients which were both positive about their experiences of using the service. We were unable to speak to any patients who use the service as there were no appointments on the day of the inspection.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in

Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dr D Sister Limited provides a range of aesthetic procedures, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were :

- Systems and processes were in place to keep patients safe. Improvements had been made to address shortcomings identified at the previous inspection. However, medical notes could still be further improved.
- There was some evidence of independent quality improvement activity. However, this was mitigated by the small size of the service and the nature of the treatment offered.
- The provider assessed needs and delivered care in line with guidance and standards.
- Patient care was coordinated and shared appropriately. Consent was consistently recorded.
- Treatment was provided in a caring manner.
- The service provided was responsive and met people's needs.
- The provider had the experience, capacity and capability to run the service.

The areas where the provider **should** make improvements are:

- Continue to review and improve the detail provided in patient's medical notes.
- Review and improve quality improvement activity to include independently instigated activity.
- Continue to review and improve policies covering the day to day operation of the service.

Overall summary

- Review wording on the service's website to make it clear to patients that the efficacy and safety of unregulated compounded bioidentical hormones are unknown and that it is aspects of the service that are regulated, not the treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was carried out by a CQC lead inspector and a GP specialist adviser.

Background to The Dentist Gallery

The Dentist Gallery is an independent clinic in central London. The provider rents a room within a dental practice from which services are provided. The service is distinct from the dental practice.

The Dentist Gallery provides a range of bespoke healthcare service to adults and specialises in individualised hormone testing and therapy for the treatment of hormonal imbalances and thyroid related issues, which accounts for a small proportion of their clinical activity. Patients are treated with unlicensed compounded medicines. The provider offers aesthetic procedures, which accounted for the majority of their workload, but those services are out of the scope of registration with the Care Quality Commission.

Services are provided by a single doctor who carries out his own administrative and secretarial services. The service is located at 20 Rochester Row, London, SW1P 1BT. We visited this location as part of this inspection.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder and injury.

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the doctor and the personal assistant. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management

of the service. We reviewed patient feedback received by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

At the inspection of 4 December 2019, we found the service did not have clear systems to keep people safe and safeguarded from abuse. An infection control audit had not been carried out, processes for managing sharps were unclear, equipment was not properly maintained and there were gaps in the business continuity plan. At this inspection we found improvements had been made.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- Safety risk assessments were carried out by the dental service provider from whom this service rented space. We saw evidence that risk assessments such as health and safety, fire and disability access had been carried out.
- The provider had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The service had systems to safeguard vulnerable adults from abuse. The service did not treat patients aged under eighteen. The provider demonstrated an understanding of the relevant issues and was able to describe examples of safeguarding concerns. We saw the provider had received up to date safeguarding training. They had a policy in place which set out how the provider would identify and respond to any safeguarding concerns. The policy was unclear as to who to contact in the event of a safeguarding concern. We raised this with the provider who undertook to address this and we received a copy of the updated policy following the inspection.
- The provider had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff employed by the dental practice could act as chaperones, should this service be required. They were trained and had undergone DBS checks. Information about chaperones was available on the provider's website.

- There was an effective system to manage infection prevention and control. All cleaning tasks were the responsibility of the dental practice who employed a cleaner and ensured the management and disposal of waste. An infection control audit had been carried out by the dental practice in November 2019. Single use equipment was used, therefore there was no need for sterilisation. At the previous inspection in December 2018 we found issues around sharps management. At this inspection we found this had been addressed.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At the inspection in December 2018 we found some equipment was not maintained appropriately. At this inspection we found the provider had reviewed the findings of the previous inspection and taken steps to ensure all equipment was safe to use.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Emergency medicines and equipment was managed by the dental practice.
- At the previous inspection in December 2018 we found the provider did not have a business continuity plan in place. At this inspection we found this was now in place.
- The doctor had a professional indemnity insurance that covered the scope of their practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At that previous inspection we found patient's notes contained limited information and did not include pathology test results or prescription records. At this inspection we reviewed a sample of patient notes and found they were more detailed and contained the information needed to deliver safe care and treatment.

Are services safe?

However, there was still room for improvement as there was limited detail in the notes of the discussion had with the patient at the initial appointment and following test results.

- Patients' test results and details of prescriptions were kept in a separate file to their notes. This had been raised at the previous inspection in December 2018, however, the risk was mitigated by the fact that the provider was the only clinician and the limited number of patients, however for good practice we have said the provider should improve this.
- At the inspection in December 2018 we found the provider was storing patient records on portable hard drives. This presented a risk should this equipment be lost or stolen. At this inspection we found the provider was now using a cloud-based storage, which offered improved security.
- The service had systems for sharing information with other agencies such as the patient's GP to enable them to deliver safe care and treatment.
- At the previous inspection we found pathology results were being shared with patients by email without any added security measures in place. At this inspection we found the provider had secured an encryption service.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service did not hold any medicines itself. The hormone therapy provided was delivered to the patient's home from the pharmacy. Emergency medicines were shared with the dental practice who were responsible for managing them. Records showed they were checked regularly. We saw the systems and arrangements for managing emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Any anaesthetics required by the provider for a patient were obtained from the dental practice. However, we were told this was only necessary occasionally. Records of any medicines provided in this way were maintained and the dental practice were responsible for obtaining, storing and checking the stock of medicines.

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patients were treated with unlicensed compounded medicines. (Compounded medicines are made based on a practitioner's prescription in which individual ingredients are mixed together in the exact strength and dosage form required to meet a patient's individual needs). Patients were made aware these medicines were not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society for the treatment of menopause related issues and the efficacy and safety of unregulated compounded bioidentical hormones were unknown.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- At the inspection in December 2018 we found there were no processes in place to check patients' identity. At this inspection we found a process had been put in place to check the identity of new patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, for example fire safety. Fire equipment had been serviced in November 2019 and the fire alarm had been inspected and tested in October 2019. These were managed by the dental practice.
- Electrical safety checks had been carried out in October 2019.
- The service had up to date legionella risk assessment in place and the host was responsible for the management of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

- There was a system for recording and acting on significant events. No incidents had taken place, however the provider was able to describe the process which would be followed in the event that an incident occurred. There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. At the previous inspection we found there were no

processes in place to review and managed safety alerts. At this inspection we found the provider had started receiving safety alerts and these had been reviewed and manage appropriately.

Are services effective?

We rated effective as Good because:

Patients needs were appropriately assessed. There was some evidence of quality improvement activity. The provider had the skills, knowledge and experience to carry out their roles. Information about patients was shared appropriately. Where appropriate, the provider gave people advice so they could self-care. Patient consent was obtained and recorded appropriately.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The regulated activity undertaken by the provider was hormone testing and therapy and thread lifts. They also offered minor surgery procedures (which included to remove skin tags, skin lesions and minor benign lumps) and weight loss consultations. Services provided related to the treatment of women's health issues, specifically patients with menopause and perimenopause symptoms, anti-ageing, premenstrual tension (PMT) and polycystic ovary syndrome (a condition that affects a woman's hormone levels).
- The service prescribed bioidentical hormone treatment for the treatment of these conditions. Use of this treatment for the treatment of these conditions is not
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The assessment included an assessment for any contraindications and a full explanation of the treatment involved including any associated risks.
- The clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- At the inspection in December 2018 we found the service was not actively involved in quality improvement activity. At this inspection we saw some examples of quality improvement activity carried out as part of the provider's annual appraisal, the most recent of which was September 2019. However, the provider did not undertake any audits or benchmarking activity independently.
- We saw examples of publications and studies about the provider's area of practice used by the provider to maintain their knowledge, one carried out by the provider themselves.
- The provider had carried out a review of fifteen patients who had undergone various treatments, some of which do and others which do not fall within CQC regulation and had recorded good outcomes for each of those patients. This was based on any feedback from the patient and whether or not they had returned for repeat treatment.
- The provider was a member of and participated in an annual audit as required for membership of the British College of Aesthetic Medicine (BCAM).
- We did find that patients were monitored following treatment and attended the service for reviews periodically.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider was appropriately qualified. They had published several books on aesthetic medicine and delivered lectures on the subject. They were able to demonstrate ongoing professional development.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.
- At the previous inspection in December 2018 we found gaps in training in respect of safeguarding, fire safety, equality and diversity and infection control. At this inspection we found the provider understood their learning needs and was up to date in terms of their skills, qualifications and training.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with patients' GP, where this was requested and consented to by the patient. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients could be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the provider gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- At the previous inspection in December 2018 we found inconsistency in the recording of consent in patients' records. We found limited evidence in medical notes to demonstrate risks associated with unlicensed medicines were explained to patients. At this inspection we found the provider had reviewed their processes for consent and now had a consent form for each type of procedure which set out the relevant risks and side effects. The provider told us they would go through the consent form with the patient so they could ask any questions and to ensure they fully understood what the procedure entailed and any associated risks.
- At the previous inspection in December 2018 we found there was no statement on the service's website which informed people about the risks associated with the use of an unlicensed medicine. We told the provider they should review the wording on their website accordingly. At this inspection we found the wording still did not make it apparent that unlicensed medicines may not have been assessed for safety, quality and efficacy and also that these medicines were not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. Furthermore, it is aspects of the service (those that are within scope of CQC registration) that are regulated, not the treatment. We have again told the provider they should review this.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Patients were treated with kindness, respect and compassion. They were supported to make decisions about their care and their privacy and dignity was protected.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. We saw examples of feedback about the service and treatment from patients, all of which were positive.
- Feedback from patients was positive about the way staff treat people
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- There was no interpretation service available for patients who did not have English as a first language. The provider told us this was not an issue as patients who had difficulty speaking or understanding English were accompanied by someone to assist them. Patients were also told about multi-lingual staff who might be able to support them.
- We received two completed comment cards from patients which were both positive about their experiences of using the service. We were unable to speak to any patients who use the service as there were no appointments on the day of the inspection.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- Appointments were arranged by the provider directly and all communication with the service took place directly between the provider and patient. Therefore, there was minimal need for patients to discuss any issues with reception staff (who were employed by the dental practice). However, in the event this was necessary, staff could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service responded to and met people's needs. It was accessible and flexible to meet patients' needs. There were suitable policies and processes in place to manage complaints.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The provider offered a "tailor-made service" which was flexible in terms of appointment times, including late appointments and organised their services around patient preferences.
- The provider was contactable directly on his mobile telephone and told us he was available to speak to patients at any time.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the room occupied by the provider was on the ground floor and was easily accessible by patients with mobility needs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access the service in a timely way and appointment times were flexible. Appointments were booked directly with the provider by telephone or online.
- Consultations were generally available between 10am to 6pm Wednesday to Friday and 10am to 4pm on Saturday.

Listening and learning from concerns and complaints

The service had a system in place for handling concerns and complaints

- Information about how to make a complaint or raise concerns was available on the website and directly from the provider. We saw this information included the complainant's right to escalate the complaint to the British College of Aesthetic Medicine (BCAM), the General Medical Council (GMC) and the Care Quality Commission (CQC) if dissatisfied with the response.
- There had not been any complaints within the twelve months prior to this inspection.
- The provider was responsible for receiving and managing any complaints. They told us they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

At the previous inspection on 4 December 2018 we found the provider did not have a documented whistleblowing policy and the provider was unable to provide evidence of staff appraisal and career development conversations. Staff had not undergone equality and diversity training. Governance arrangements and risk management processes were not complete. At this inspection we found improvements had been made.

Leadership capacity and capability;

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider ran the service single handed and did not have any administrative support. They told us this did not present any issues as they were able to manage the workload comfortably and did not believe there was a need for additional staff at that time.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values which was to provide high quality, person centred care. The service had a realistic strategy and supporting business plans to achieve priorities.
- The vast majority of the provider's work was in aesthetics which are not within the scope of registration with the Care Quality Commission. The registered activities carried on by the provider accounted for a minor proportion of its overall service. The provider did not have any plans at the time of the inspection to alter that position.

Culture

The service had a culture of high-quality sustainable care.

- Practice policies showed openness, honesty and transparency would be demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- At the previous inspection we found the provider did not have a documented whistleblowing policy. At this inspection we found this had been resolved.
- The provider underwent regular appraisals in line with their professional requirements. They ensured they took protected time for professional development and evaluation of their clinical work.
- There were positive relationships between the provider and colleagues at the dental practice, although they worked as two separate entities.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- At the previous inspection we found policies did not include sufficient information and there was no control process in place. At this inspection we found improvement had been made, however the control process was still not clearly defined in terms of identification of all applicable policies and a consistent review process. However, given the service did not employ any staff we were assured that the provider had understanding and awareness of the governing processes and procedures of the service.
- There was some evidence of clinical audit, specifically those required by the British College of Aesthetic Medicine (BCAM). However, given the size of the service the provider was able to maintain awareness and oversight of the service's performance without a formal programme of audits.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. The provider's performance was monitored through professional appraisals which

Are services well-led?

included case reviews and discussion and clinical audits. The provider was able to benchmark his performance against that of peers through the BCAM audit process.

- The provider had processes in place to identify safety alerts, incidents, and complaints. They were aware of instances where the patient had been dissatisfied with the outcome of the treatment but these instances were minimal and related to cases where the treatment had not worked for that particular patient.
- The provider had plans in place to manage major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- We saw some evidence of quality and operational information being used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and external partners and acted on them to shape services and culture. We saw examples of 25 emails received by the provider from patients giving feedback about the service and treatment they had received, all of which were positive.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the provider's area of specialism.
- The provider had published books on his area of specialism and delivered training which was attended by other medical professionals.