

The Whiter Smile Limited LDN Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 04 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

LDN Dental is in King's Cross in the London borough of Islington. The practice provides private treatment to people of all ages.

The dental team includes a practice manager, an assistant practice manager who also undertakes receptionist duties, a principal dentist, an associate dentist, three trainee dental nurses, a qualified dental nurse, and three receptionists. At the time of the inspection the principal dentist did not provide treatment to patients at this practice.

The practice has two treatment rooms.

The practice is owned by an organisation, and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility

Summary of findings

for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at LDN Dental at the time of the inspection was the practice manager.

On the day of this inspection, we obtained feedback from four patients.

During the inspection we spoke with the practice manager, the assistant practice manager, a practice manager from one of the provider's sister practices, the associate dentist, a trainee dental nurse and the qualified dental nurse.

We checked practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 5pm on Fridays and Saturdays.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The provider had effective leadership and culture of continuous improvement.

There was an area where the provider could make improvements. They should:

- Review the practice's protocols for referral of patients to ensure all referral outcomes are monitored suitably.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

All clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The provider had checked the effectiveness of this vaccination for all members of clinical staff.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The practice was involved in a national good practice quality improvement scheme as part of its approach to providing high quality care.

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being very good. They said the dentist kept them informed about their care and treatment.

The dentist discussed treatment with patients so they could give informed consent; they recorded this in the patients' dental care records. They kept complete patient dental care records which were clearly written and typed, and stored securely.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice had clear arrangements for when patients needed to be referred to other dental or health care professionals.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from four people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, kind and respectful.

Patients said explanations about their dental care was given to them in a way they could understand.

No action



Summary of findings

Staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if they were experiencing dental pain.

Staff had considered patients' different needs and could offer a hearing loop for patients with hearing difficulties, and a magnifying glass for those who had problems with their vision. On the ground floor there was access for patients who used wheelchairs.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a clearly defined management structure understood by all staff we spoke with.

The practice's staff felt supported, appreciated and listened to. They appeared happy and proud to work in the practice.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included carrying out quality audits, and asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

The practice had a system to keep staff informed of patients on records e.g. people where there were safeguarding concerns, people with enhanced learning needs or a mental health condition, or those who required other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. The procedure reflected the relevant legislation. We checked four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the radiography equipment and had the required information in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits regularly, following current guidance and legislation. Their most recent audits showed the dentist improved the quality of their radiographs by 17% over a 12-month period.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The practice had employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was regularly updated.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. They had checked the effectiveness of the vaccination for all members of clinical staff.

Staff knew how to respond to medical emergencies; the dental nurses demonstrated competence in setting up the oxygen cylinder for use. All staff had completed and regularly updated training in emergency resuscitation and basic life support.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council's Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They had an infection control annual statement and followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared visibly clean when we inspected it and patients confirmed this was the case when they visited the practice.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice had carried out infection prevention every six months. The latest infection prevention and control audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We checked a sample of dental care records to confirm our findings, and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely, and complied with General Data Protection Regulation requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist had completed antibiotic stewardship training to optimise the use of antibiotics in the practice and to minimise the risk of patients developing antibiotic resistance.

Track record on safety, lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues.

The practice had processes in place to enable them to document, investigate and review incidents to help them understand risks so that they could lead to safety improvements in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient, equipment and medicine safety alerts. We found they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the dentist up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice was involved in a national good practice quality improvement scheme as part of its approach to providing high quality care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion information to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice, or could be referred to a specialist.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The practice audited patients' dental care records to check that the dentist recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs during informal discussions, annual appraisals and clinical supervision. We saw evidence of completed appraisals for all but one employed staff members. Appraisals included discussions on learning needs and aims for future professional development, and how the practice addressed the training requirements of staff.

Staff completed 'highly recommended' training as per General Dental Council professional's standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their Continuing Professional Development. Staff had also completed other training including legal and ethical issues, consent, Legionella awareness, fire safety, oral cancer, information governance, infection control, safeguarding children and adults, complaints handling, consent and the Mental Capacity Act.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists at their sister locations and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice could strengthen arrangements to monitor the outcome of external referrals via implementing a referrals tracker.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. They were aware of their responsibility to respect people's diversity and human rights. They treated patients with kindness and respect; they were friendly towards patients over the telephone.

We received feedback from four patients. They commented positively that staff were helpful, kind and respectful. They said they received a warm welcome at the practice and described the service as being very good.

Information leaflets were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, staff could take them into another room. The computer screen at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. Staff spoke a variety of languages and could help interpret information to patients who spoke those languages. They told us they could help to arrange for an interpreter for patients if needed.

Staff communicated with patients in a way that they could understand, and communication aids were available.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that explanations about their dental care was given to them in a way they could understand.

The practice's website and information in the waiting area provided patients with information about the range of treatments available at the practice, including the costs.

The dentist described to us the conversations they had with patients to satisfy themselves they understood their treatment options. They used photographs, models, and radiograph images to help them do this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of their patients' needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice had carried out a Disability Access audit to establish how they could continually improve access for patients. They had implemented improvements including a hearing loop for patients with hearing difficulties, and a magnifying glass for those who had problems with their vision. They had wheelchair access on the ground floor and an emergency call bell in the accessible toilet.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours at the practice entrance, and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment could be seen the same day.

The staff took part in an emergency on-call arrangement with their local sister practices. Patients who required emergency dental treatment during the working day and when the practice was not open were diverted to one of the sister practices that was open from 8am to 11pm Monday to Sunday.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint.

The practice manager was responsible for dealing with complaints; staff told us they aimed to settle complaints in-house and would report any complaints to the manager. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We checked a complaint the practice received in the last 12 months. This showed the practice responded to concerns appropriately. They discussed the complaint with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the dentist and practice manager (who was also the registered manager) had the capacity to deliver high-quality care. They demonstrated they had the experience and skills to lead the practice and address risks to it. They prioritised compassionate and inclusive leadership.

The assistant manager had progressed from their role as a receptionist to undertake management tasks; the practice manager had facilitated and supported this progression. Feedback from the assistant practice manager on the level of support they had received was highly positive.

Culture

The practice had an open, inclusive culture that was focused on good communication and team working, well-being, and high-quality patient-focused care. They had processes in place to manage behaviour that was not in line with their culture and values.

Staff we spoke with stated they felt respected, supported and valued. They appeared happy and proud to work in the practice. They told us that they could raise concerns and were encouraged to do so; they had confidence any concerns they had would be addressed.

They were aware of, and had systems to ensure compliance with, the requirements of the Duty of Candour. They showed openness, honesty and transparency when responding to a complaint.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management, and these were understood by staff we spoke with.

The dentist was responsible for the clinical leadership of the practice. The practice manager and assistant practice manager were responsible for the management and day-to-day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients and their staff to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain patients' views about the service, and they gathered feedback from staff through staff meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice's most recent FFT results showed that all patients were extremely likely, or likely, to recommend that service to their family or friends. The FFT results were displayed in the waiting area and on the practice's website to keep patients informed.

We saw examples of suggestions from patients and staff that the practice had acted on. For example, they had:

- Updated their website to include information about clinical staff including their General Dental Council registration number.
- Improved the amount of information displayed in the waiting area for patients to read.
- Implemented a digital system for managing patients' appointments, and the computer software, to reduce the amount of paperwork required.
- Improved arrangements for remunerating staff and the organisation of the staff work rota.

Continuous improvement and innovation

Are services well-led?

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of access for patients with a disability, infection prevention and control, dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.